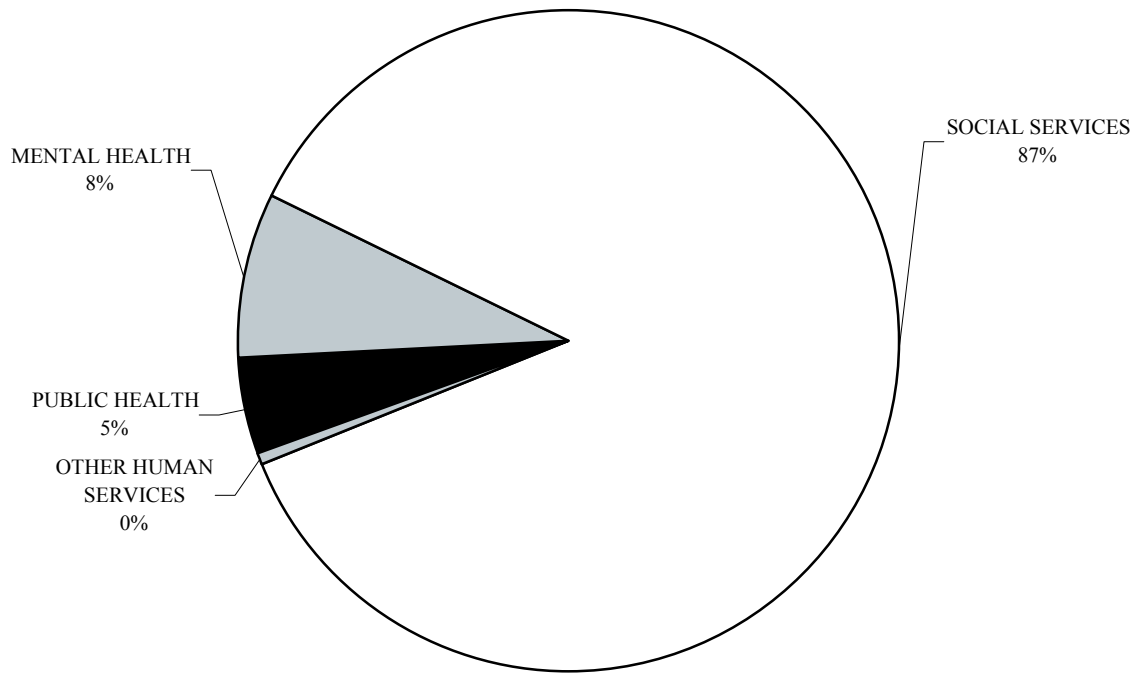


## Human Services Approved Budget



Business area	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
PUBLIC HEALTH	\$ 15,594,770	\$ 18,455,050	\$ 18,097,511	\$ 20,449,749	\$20,085,617
MENTAL HEALTH	\$ 42,386,700	\$ 50,916,968	\$ 28,726,149	\$ 33,277,996	\$33,344,566
SOCIAL SERVICES	\$ 284,315,387	\$ 319,814,672	\$ 320,307,188	\$ 369,527,670	\$359,594,741
OTHER HUMAN SERVICES	\$ 1,538,260	\$ 1,826,544	\$ 1,653,178	\$ 2,304,753	\$1,892,322
<b>Overall Result</b>	<b>\$ 343,835,117</b>	<b>\$ 391,013,234</b>	<b>\$ 368,784,026</b>	<b>\$ 425,560,168</b>	<b>\$414,917,246</b>

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# PUBLIC HEALTH

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## MISSION

The Durham County Health Department's mission is to preserve, protect and enhance the general health and environment of the community.

## PROGRAM DESCRIPTION

The Department is comprised of seven divisions: Administration, Dental, Environmental Health, General Health Services Clinic, Health Education, Nursing and Nutrition. These divisions work collaboratively to accomplish the following Agency goals:

- Promote optimal health and wellness of children
- Decrease premature death rates
- Prevent and control communicable disease
- Maximize organizational productivity

A list of accomplishments and performance measures for each of the seven divisions within Public Health is presented on the succeeding pages.

## 2007-2008 HIGHLIGHTS

- Medical Records Document Imaging (\$139,150: \$41,205 for cost of equipment and \$97,945 for the cost of scanning existing medical records).
- Social Worker II position (1.0 FTE) which is grant funded for the Strong Couples, Strong Children Project
- Two Nutritionist II positions (both grant funded) were increased from .52FTE to .70FTE. This will add one-half day weekly in the Durham public elementary schools per position.
- Health Educator I position (1.0FTE) which is grant funded for the Adolescent Pregnancy Prevention program.
- Processing Assistant position (1.0FTE) for the maternal health program, previously funded through a contract with Lincoln Community Health Center.

# Public Health

Fund: General

Functional Area: Human Services

Business Area: 5100

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$10,580,793	\$13,062,822	\$11,546,379	\$14,492,161	\$14,326,276
Operating	\$5,013,977	\$5,277,105	\$6,490,336	\$5,645,283	\$5,620,191
Capital	\$0	\$25,490	\$60,796	\$312,305	\$139,150
Transfers	\$0	\$89,633	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$15,594,770</b>	<b>\$18,455,050</b>	<b>\$18,097,511</b>	<b>\$20,449,749</b>	<b>\$20,085,617</b>
▽ <i>Revenues</i>					
Intergovernmental	\$2,183,344	\$2,664,021	\$2,759,686	\$2,902,919	\$2,994,239
Investment Income	\$66	\$0	\$0	\$0	\$0
Service Charges	\$2,736,040	\$2,540,266	\$2,368,382	\$2,212,632	\$2,247,632
Other Revenues	\$1,610	\$600	\$600	\$600	\$600
<b>Total Revenues</b>	<b>\$4,921,060</b>	<b>\$5,204,887</b>	<b>\$5,128,668</b>	<b>\$5,116,151</b>	<b>\$5,242,471</b>
<b>Net Expenditures</b>	<b>\$10,673,710</b>	<b>\$13,250,163</b>	<b>\$12,968,843</b>	<b>\$15,333,598</b>	<b>\$14,843,146</b>
FTEs	223.13	234.96	238.11	242.67	239.47

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# PUBLIC HEALTH-ADMINISTRATION

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## ADMINISTRATION:

The Health Director is responsible for the overall administration and management of the Durham County Health Department. The Assistant Health Director oversees the administration and management of Community Health, Dental, and Health Education Divisions.

The Local Public Health Administrator oversees the general administrative functions of the Department. These include:

- Processing payments for all invoices,
- Maintaining all personnel files,
- Maintaining organizational charts,
- Maintaining the computer system within the Health Department and ordering and receiving all computer equipment for the agency,
- Registering patients
- Ensuring department's compliance with HIPAA regulations,
- Collecting payments for services rendered within the department,
- Processing Medicaid, Medicare, third party billing and
- Overseeing departmental janitorial issues and security services.

## 2006-2007 ACCOMPLISHMENTS

- Second floor training room is equipped with a printer and 10 desktop computers with Web access and Insight software. The room is available for individual and departmental training, electronic medical records training, and new employee HIPAA training, etc.

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# PUBLIC HEALTH-NUTRITION

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## NUTRITION:

Registered Dietitians/Licensed Dietitians Nutritionists are organized into three Sections to conduct individual and population based consumer-oriented services consistent with the Health Department mission. The Community Nutrition Section includes programs such as DINE for LIFE (Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating) which conducts classes and group activities focusing on the US Dietary Guidelines and MyPyramid for nutrition, food safety and physical activity in 15 eligible Durham Public Schools, senior centers and the community. The Clinical Nutrition Section includes Child Care Nutrition Consultation which provides guidance to child care staff and parents on child nutrition issues and conducts training for child care staff. Medical nutrition therapy is individually based with clients who have medical or nutrition conditions for which nutrition is important for prevention, intervention or maintenance of a diagnosed condition. The Nutrition Communications & Health Promotion Section includes the Winner's Circle program which identifies healthy food selections for consumers in participating food service establishments. Media outreach is conducted to reach the general public through DATA buses, the Durham Herald Sun, a variety of independent and school newspapers, radio and television interviews.

## 2006-2007 ACCOMPLISHMENTS

- DINE for LIFE program conducted a "Build Strong Bones Fair" at Lakewood Elementary School which kicked off a year-long focus on Calcium and Nutrition in 15 Durham Public Schools (DPS) and in the community. Students, teachers, staff and parents attended "interactive" learning centers/educational information featuring ways to build bone health. Partners included DPS Healthy Kids Healthy Communities, The Durham Farmers' Market, SEEDS, DPS Child Nutrition Services, and the YMCA. Donors included: SUDIA (Southeast United Dairy Industry Association), Lowes Foods, Weaver Street Market, Be

Active NC, & Cabot Cheese. An extensive list of invited guests included legislative contacts, Durham County Commissioners, Board of Health, and Durham School Board, media contacts, and others.

- Partnered with Hillside High School Wellness Center to conduct the Students Eating Smart Moving More Program (SESAMM) at Hillside High School. SESAMM is a state funded school-based obesity prevention program. Freshman students at Hillside participated in ten sessions focusing on healthy eating and physical activity, media awareness, and healthy body image. The SESAMM project also partnered with the Child Nutrition Program at Hillside to promote a healthier eating environment.
- Healthy Smiles, Healthy Kids project, providing pregnant women and children through five years of age dental care and nutrition education, held a press conference and open house to kick-off services. The project won a “2007 Child Health Best Practice” award from the State Health Department, Children and Youth Branch.

## **2007-2008 PERFORMANCE MEASURES**

**Program:** Healthy Smiles/Healthy Kids-Nutrition Education

### **Story Behind the Baselines:**

Oral disease is a severe problem in Durham County. In a dental screening performed by Durham County Health Department (DCHD) dentists during the 2002-2003 school year, 22% of Durham kindergarten and fifth grade students had untreated dental decay so advanced that it was causing pain. In a 2005 survey, 67% of children living in Durham had not received dental services by their first day of kindergarten. According to DCHD Dental Clinic data, the average age of children coming in for dental care is eight years old. The Clinic only recently began providing dental services to pregnant women.

Because diets high in sugars and carbohydrates, excessive snacking, and excessive sweetened beverage intake are known to cause dental caries, nutrition education is vital for improving oral health. Nutrition education that improves dental health should also have a secondary impact of decreasing childhood overweight due to a decrease in sugar and calorie consumption. Currently over 30 percent of Durham’s children between the ages of 2 and 5 years are overweight or at risk of being overweight.

Nationally, over twice as many children from low income families have untreated decayed primary teeth than children from higher income families. Furthermore, the level of untreated dental caries among low income African American and Hispanic children is more than double that for white children. Given that Durham has a higher proportion than the State average of people in poverty (14.2% vs. 13.4%), and minority populations (39.5% vs. 34.9% African Americans and 7.6% vs. 4.7% Latinos) the need is particularly urgent.

### **Strategies for Improving Program Performance**

- Continue to provide dental nutrition education and outreach to the target audience via group sessions and message reinforcement, staff training, direct mailings, and mass media including DATA bus advertisements
- Investigate methods to improve efficiency in educating the target audience.
- Investigate interventions with practice groups to address the issue of readiness for change so that services for referred clients are more effective and efficient.
- Maintain and/or improve on the percent of audiences that have positive outcomes

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# **PUBLIC HEALTH-HEALTH EDUCATION**

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## **HEALTH EDUCATION:**

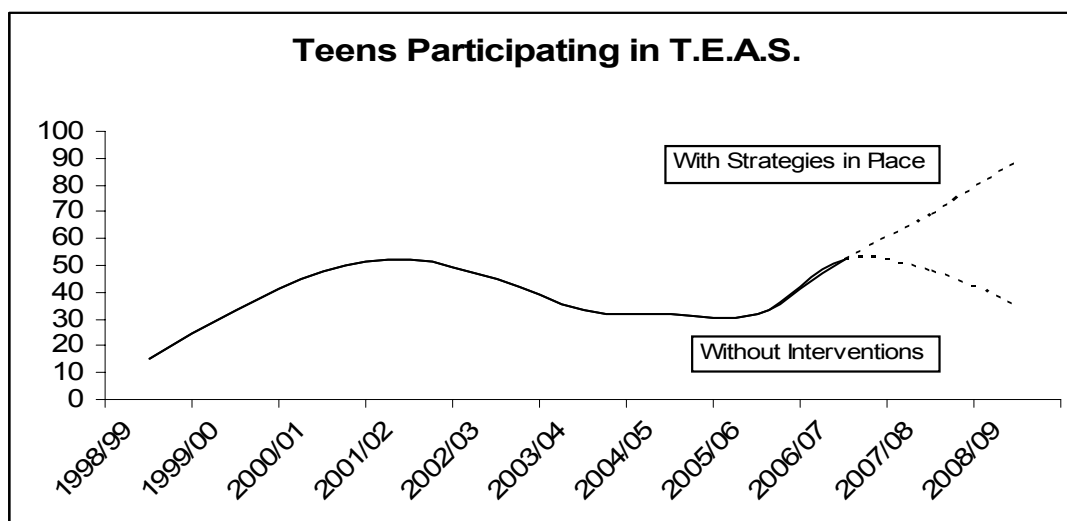
The purpose of the Division of Health Education is to solve health problems by influencing decisions individuals, groups and communities make and actions they choose to take to promote health and prevent disease and disability. The Division strives to bring about voluntary adaptation of behavior conducive to health. Health education services are provided in the clinic and in community settings in the following program areas: **Family Connections, Communicable Diseases, Health Promotion & Wellness, and Partnership for a Healthy Durham.**

## 2006-2007 ACCOMPLISHMENTS

- Provided community-based teenage pregnancy prevention education to 36 girls and 17 boys through the TEAS program. It is encouraging to note that the number of teenage boys participating in the program is steadily increasing. In the eight years of operation to date, none of the TEAS participants have gotten pregnant or caused pregnancy or dropped out of school. TEAS participants raised \$1,400.00 for the Juvenile Diabetes Walk and participated in 1060 hours of community services, an investment of \$5,830.00 to the Durham community.
- Screened 1000 children, 6 months to 6 years of age, for lead poisoning through the Lead Education and Assessment Program (LEAP). Screenings were conducted in schools, daycare centers, recreation centers, and libraries.
- Increased the number of HIV/STDs risk reduction methods distribution sites. Currently, 20 barber/beautician establishments serve as condom distribution centers. Employees at these centers are trained as lay health advisors. They provide basic HIV information to their clients. They also refer clients to the Health Department for additional information.
- Obtained grant funds from the Health and Wellness Trust Commission enabled the Department to establish a Teens Against Consuming Tobacco (TACT) group. The purpose of TACT is to empower teenagers in Durham County to educate and advocate for tobacco free youth and environment. So far, TACT has:
  - Advocated for policy change at the AMF Bowling Alley resulting in an increase in smoke-free lanes from 10 to 24 lanes.
  - Established TACT Clubs at Hillside, Northern and Jordan High Schools.
  - Conducted tobacco prevention presentations for youth at school assemblies, retreats, trainings, and other events reaching over 900 youth.
- Trained TACT youth in Photo Voice fall 2004 Project and are currently working on a project with Durham Public Schools. They will use photos taken at their schools to document how the 100% tobacco free schools policy is currently being enforced. These pictures will later be displayed in the community and shared with school principals.
- Held the annual AIDS Awareness March and Rally at the Hayti Heritage Center. This is the 13<sup>th</sup> annual March that staff has organized. The aim of the march was to create awareness about HIV/AIDS in the Durham community. Following the conclusion of presentations by community leaders, the Riverside High School Marching Band led the March through the designated route.
- Volunteered at Duke AIDS Research and Treatment Center's annual "Beyond the Forum" program. At the event, a panel of health care providers answered questions regarding HIV treatment, medications and other related topics.

## 2007-2008 PERFORMANCE MEASURES

Program: Teen Pregnancy Prevention (Together Everyone Accomplishes Something-TEAS)



**Story Behind the Baselines:**

TEAS is a youth development pregnancy prevention program initiated nine years ago. It is a nine-month per year life skills program for male and female teenagers. Program participants are required to attend monthly life skills educational sessions, conduct at least 20 hours of community service per program year, and participate in bi-monthly group activities. Additionally, teen participants are required to keep “Baby Think It Over”, an infant simulator or wear the “Empathy Belly”, a pregnancy simulator, for a designated time. Adult mentors are a critical component of TEAS. Mentors serve as role models for teen participants.

**Strategies to Improve Program Performance**

- Continue TEAS using the identified components that work better.

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## **PUBLIC HEALTH-DENTAL**

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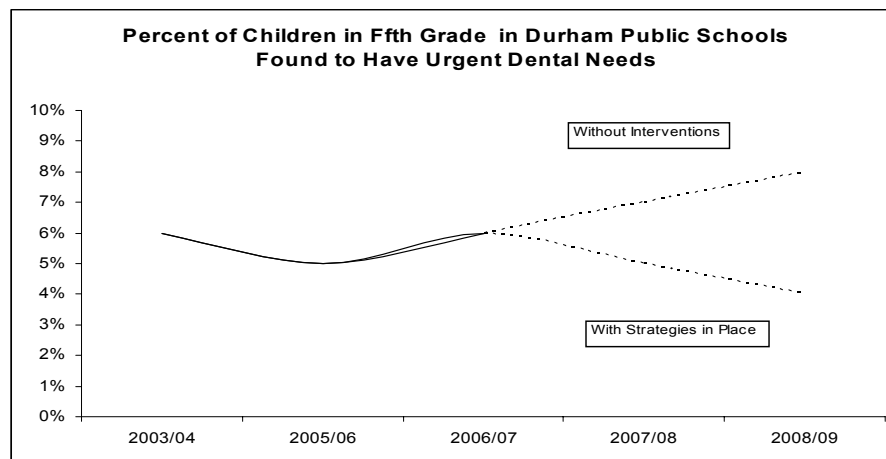
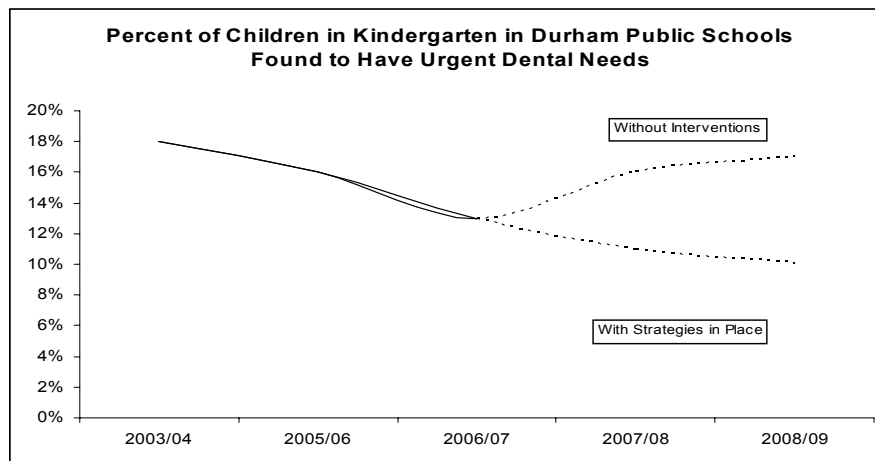
The Dental Division strives to improve the oral health of economically disadvantaged children as well as provide oral health education to the community in Durham County by providing:

- Dental services for children 3 to 20 years of age in the dental clinic and kindergarten through fifth grades at selected Durham Public Schools using the dental van.
- Periodontal and nutritional services for pregnant women who do not have access to regular dental care and fluoride varnishing as well as dental educational services for children ages 6 months to five years of age through Health Kids, Healthy Smiles.
- Annual screenings conducted by the Division in targeted elementary grades at Durham Public Schools and Head Start at Operation Break Through, Inc.
- Educational presentations for schools and some community organizations in order to increase knowledge regarding good oral health and stimulate an interest in attaining excellence in oral hygiene.

**2006-2007 ACCOMPLISHMENTS**

- Collaborated with the DPS staff at selected elementary schools in securing medical histories and parental consent from parents to treat their children on the mobile dental van.
- Hired staff for the Dentist I, Dental Assistant II, Nutritionist, and Spanish Interpreter positions for the new Healthy Smiles, Healthy Kids Program
- Continued meetings with the Dental Advisory Committee and the Dental Van Committee.
- Continued the volunteer program with the Durham-Orange Dental Society and other dentists in the area volunteer to provide dental services on the dental van.
- Implemented Televox system to confirm appointments for dental services in order to maintain a low rate of broken appointments.
- Participated in activities during the month of February for National Dental Health Month by:
  - Volunteering with the Durham-Orange Dental Society to provide dental screenings to children attending child care centers in Durham County.
  - Coordinating supplies for four treatment rooms and patients for three Pedodontic Residents to provide dental care for HD patients and Head Start children on February 2nd,
- Provided dental screenings for OBT Head Start and kindergarten and fifth grades in DPS Elementary school selected for the dental van to identify the children with urgent needs.
- Provided summer rotations for UNC dental students to introduce them to dental public health and the important role it plays in addressing the dental needs of economically disadvantaged children, the magnitude of their dental needs, and increasing the awareness of good oral health in the community.

## 2007-2008 PERFORMANCE MEASURES



### Story Behind the Baselines:

The Dental Van Program, which has operated since 2001, targets children with urgent needs at selected schools. Currently parental consent for dental treatment for 30 to 40% of the children with urgent needs is obtained by the DPS and Van staff. In addition, parents are notified by the van staff to schedule follow-up care at the Health Department. Efforts will be made to increase the number of completed parental consent for treatment forms obtained so that children with urgent needs who do not visit a dentist can receive services either on the van or in the clinic.

The Healthy Smiles, Healthy Kids Program which was just started in July of 2006 targets pregnant women and small children who do not have access to dental care. It is too early to show statistics but it is projected that there will be a decrease in preterm or low birth weight births which will decrease infant mortality by controlling the periodontal infections and increasing the awareness of proper oral and nutritional health of these women. Additionally, it is expected that there will be a decrease in childhood obesity and childhood decay by offering fluoride varnishing on newly erupted teeth and also by educating the child and the parents of proper oral and nutritional health.

### Strategies to Improve Program Performance

- Send recall reminders
- Confirm appointments with Televox system and staff calling
- Maintain qualified staff with appropriate continuing education units
- Purchase dental software program



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# PUBLIC HEALTH-GENERAL HEALTH

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## GENERAL HEALTH

The primary purpose of the General Health Services Division is to provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases. The services rendered through this division are for the most part considered “essential public health services” which are mandated under GS 130A-1.1. The addition of a Local Public Health Preparedness Team has facilitated the development of various planning/preparedness documents, planning groups and training programs. This team will continue to strengthen local public health infrastructure and the County’s capacity to effectively respond to a bioterrorism event or public health situation.

## 2006-2007 ACCOMPLISHMENTS

- Expanding and improving tuberculosis control and immunization clinic activities through the hiring and cross-training of additional staff capable of providing both services.
- Maintaining and strengthening local public health preparedness through collaborative activities involving multiple community agencies directed at pandemic influenza and disaster preparedness.
- DCHD TB Program and Pharmacy received a Certificate of Recognition acknowledging their participation with the TB Trials Consortium for the past 10 years.

### Laboratory (6217)

- Provided venipuncture and fingerstick training for DIS and Health Education staff.
- Participated in the Kindergarten Health Assessments.
- Updated laboratory protocols and procedures.
- Maintained certification for CLIA and analysis of drinking water.

### Sexually Transmitted Disease (STD) Control (6221)

- Expanded the administration of the combination hepatitis A and B (Twinrix) vaccine to high-risk clients in the STD clinic.
- Conducted a pilot study investigating the use of Gen-Probe APTIMA® TV analyte specific reagents for detection of *Trichomonas vaginalis* infections in male STD clinic attendees.
- Continued to partner with Duke University Medical School to provide training opportunities for Family Practice Resident Physicians and Physician's Assistant students. In FY 2006, 6 residents and 11 physician assistant students were provided with a 4 week training rotation.

### Immunization program (6222)

- Held 12 outreach clinics providing influenza vaccine to seniors at Senior Citizen Centers.
- Administered 653 Hepatitis A/B, state-supplied, vaccines to clients receiving services through STD clinic.
- Assisted 54 refugees from Somalia, Liberia, Myanmar, Sierra Leone, and Vietnam with immunizations requirements for immigration compliance.
- Administered 9,643 vaccines through the Immunization Clinic for children and adults.
- Began administering the “new” tetanus diphtheria and pertussis vaccines to persons 11 – 64 years of age, hepatitis A vaccine to all children 12 months through 18 years of age and Zostavax vaccine to persons 60 years and older.

### Tuberculosis (TB) Control Program & Communicable Disease Control (6224)

- Managed 12 cases of active TB and 16 suspect cases of TB for year 2006. 40% of the confirmed active cases were among foreign-born persons; 6% Hispanic, 16% Asian, 6% African.
- Managed contact investigations at 2 work sites with approximately 50 contacts collectively resulting in positive results from both investigations.
- Investigated and managed one case of meningococcal disease in a daycare. 52 contacts were identified, 39 children from the daycare were prophylaxed by DCHD staff. The investigation spanned to two other states.

- Investigated and managed 14 cases of Streptococcal Infection, Group A Invasive, 1 case of Brucellosis, 1 case of Legionellosis, 3 cases of Malaria, 60 cases of Rocky Mountain Spotted Fever, 1 case of Dengue, 6 cases of Ehrlichiosis, 2 cases of Lyme Disease, 1 case of Typhus and 1 case of Typhoid.
- Investigated and managed 40 cases of Salmonella, 40 cases of Campylobacter, 11 cases of food borne-illness, 6 cases of Cryptosporidiosis, and 3 cases of E-Coli.

#### **Pharmacy (6224)**

- Provided preceptorship to two UNC Pharmacy students.
- Participated in Pandemic Influenza and Strategic National Stockpile (SNS) meetings.
- Assisted the Early Intervention Clinic in providing daily medications to their clients.
- Developed a more effective way to screen for drug interactions for the TB and STD Programs.

#### **Adult Health Program (6226)**

- Provided free clinical screening pap smears and mammogram services to over 220 women.
- Detected 27 individuals with new breast pathology (benign breast tumors, cysts, etc) and 2 cases of breast cancer; appropriate treatment or referrals were initiated.
- Detected 24 women with abnormal pap smears, other cervical problems, and 3 cases of cancer of the cervix. Appropriate treatment or referrals were initiated.
- Provided complete physical exams, immunizations, and specific laboratory tests to 9 newly arrived refugees to Durham County.

#### **AIDS Control / HIV Testing & Counseling (6227)**

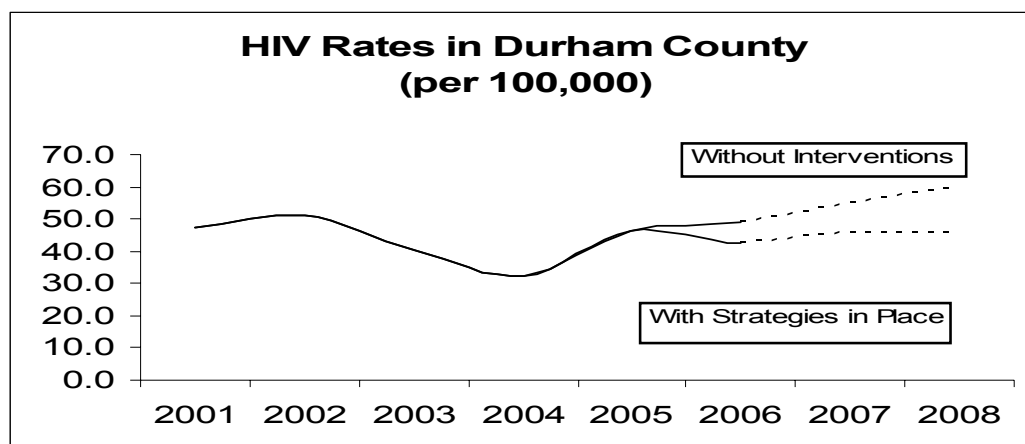
- Tested 3,654 clients at DCHD and detected 41 positive cases of HIV
- Tested 1,525 clients at Lincoln Community Health Center (LCHC) and detected 8 positives of HIV.
- Assisted Health Education Division with testing 145 clients for HIV. 1 positive HIV was detected.
- Continue to coordinate Hepatitis C testing in STD clinic for at-risk individuals. 13 cases of hepatitis C were detected. This service is provided through a partnership with the Piedmont HIV Health Care Consortium.

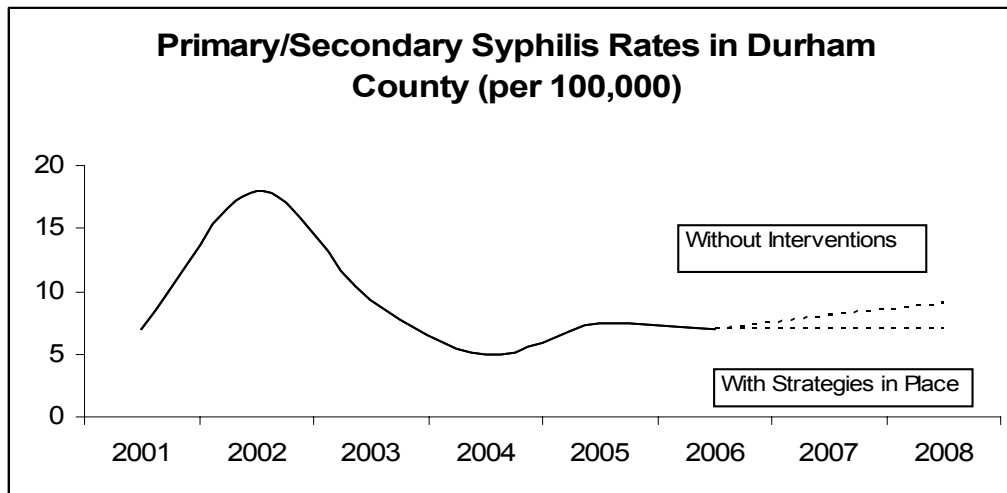
#### **Local Public Health Preparedness (6245)**

- Converted DCHD Public Health Preparedness Response Teams to National Incident Management System (NIMS) compliant structure as required by National Homeland Security.
- Developed and maintained DCHD OSHA Respiratory Protection Program. Trained several key employees as fit testers which will expedite fit-testing massive numbers of people/volunteers/other employees during a community crisis.
- Continues to host and promote participation in the County Pandemic Influenza Planning Group.
- Participated in multiple county-wide preparedness exercises.

### **2006-2007 PERFORMANCE MEASURES**

**Program: Control Communicable Diseases in Durham County (Syphilis, HIV, TB)**





### Story behind the baselines:

The rates of primary and secondary (P&S) syphilis (7.5/100,000 in 2005 to 7.0/100,000 in 2006) have been stable and low since 2002, perhaps due to an increase in detection, health education, and public awareness through grant monies, enabling enhanced outreach activities and screening of high-risk individuals in the community. Compared to the previous year, the rate of HIV (46.3/100,000 in 2005 to 42.5/100,000 in 2006) has decreased along with the rate of AIDS (21.7/100,000 in 2005 to 16.9/100,000 in 2006). These changes may be due to a decline in the number of persons acquiring HIV and decreased progression from HIV to AIDS due to better referral for care and antiretroviral treatment. The slight decrease in HIV rates may also be due to a decline in the number of persons being tested for HIV in the community, which should change in the next year following the recent recommendations from the Centers for Disease Control and Prevention to increase HIV screening among all health-care settings. The rates of active TB have decreased from 8.8/100,000 in 2005 to 5.0/100,000 in 2006, which could be due to an increase in TB education/ prevention among at risk individuals in the clinic and the community, and effective contact notification and management to prevent exposed persons from developing active TB.

### Strategies for Improving Program Performance:

- Increase education to patients presenting to the STD clinic with suspected or confirmed gonorrhea and chlamydia to decrease risky behaviors and encourage standard partner notification
- Increase the number of patients screened for chlamydia in the STD clinic (currently conducted targeted screening of patients < 25 years of age due to the costs of the tests)
- Increase training for staff and health care providers in the community regarding STD prevention and management

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## PUBLIC HEALTH-COMMUNITY HEALTH

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### COMMUNITY HEALTH

The Community Health Division is comprised of public health nurses, social workers, processing assistants, physician extenders, physical therapists, community health assistants, outreach workers, and Spanish interpreters. Additionally, specialty services are provided by contract staff, which include physicians, therapists (physical, occupational, and speech), and a dentist. These staff contribute to Public Health's mission by providing services in eight programs: family care, family planning, maternal health, child health, home health, jail health, school health, and neighborhood nursing.

## **2006-2007 ACCOMPLISHMENTS**

### **Family Care**

- Completed planning and obtained funding for the project
- Hired Project Manager
- Identified Advisory Board, and began board meetings
- Began informing possible community partners about the project

### **Family Planning**

- Continued to provide high quality medical services to female teens and low income women, most of whom have no other access to contraception.
- Added new contraceptive method (ring), and met changing needs of patient population by increasing the number of IUDs inserted by 300%.
- Continued to collaborate with Duke to provide colonoscopies to Family Planning Clinic patients with abnormal Pap tests.

### **Maternal Health**

- There was a 7% increase in the number of patient visits made to the Maternity Clinic.
- Increased outreach to private physicians resulted in an increase in referrals to Baby Love.
- Continued collaboration with Duke Family Initiative; their funding of an additional social worker Maternity Care coordinator has resulted in a doubling of the number of non-billable service units provided. Most of these services were provided to Spanish-speaking clients who are not eligible for standard Medicaid for pregnant women.

### **Child Health**

- Health Check: There was a 10% increase in Health Check participation in Durham County due in large part to the efforts of the Health Department's Health Check Coordinators.
- Lead: The City of Durham provided funding for the Lead Nurse Consultant until 10/06 when the HUD Grant began funding the service. The Lead Nurse Consultant was able to provide follow up and case management for more new cases of lead poisoning than in the previous year.

### **Home Health**

- Continued to produce lower percentages of acute care hospitalizations, compared to state and national averages. (This is a national Home Health Agency focus and is publicly reported.)
- Implemented and evaluated time/cost saving assessment and documentation tool for non-skilled Medicare, non-skilled Medicaid clients. Developed Medication Assessment/Education Tool to facilitate identification of the most appropriate services for the enhancement of patient self-management of medications.
- Provided home health services and promoted prevention and wellness information to medically homebound clients which included the elderly and persons with chronic debilitating illnesses.

### **Jail Health**

- Regular admission physicals were performed on all inmates by day 14 of incarceration.
- Offsite medical services to inmates were reduced.
- A chronic disease clinic was maintained to provide care to those inmates with such conditions as heart disease, diabetes, seizure disorders, etc.

### **School Health**

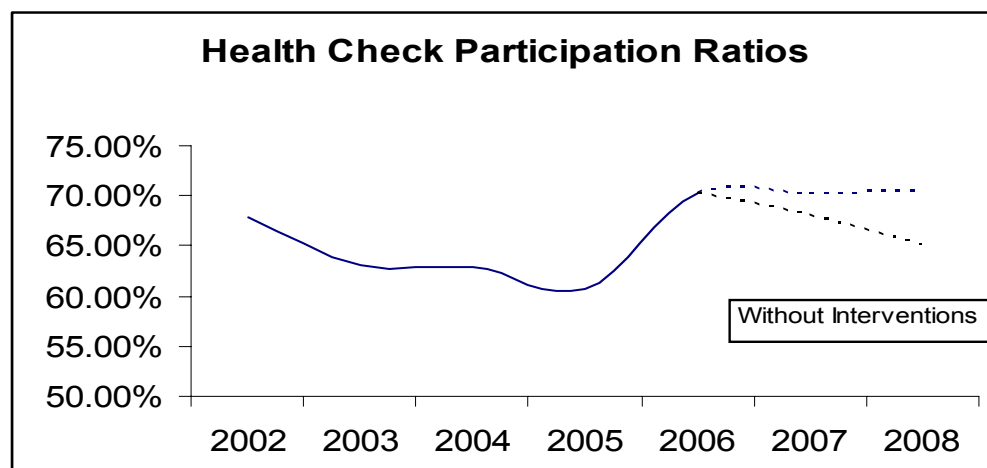
- Implemented (in collaboration with Durham Public Schools, Durham Department of Social Services, and the Durham Center) a Child and Family Team Support system in 7 schools.
- Organized and coordinated a Kindergarten Assessment Clinic.
- Taught classes to Durham Public School staff on Diabetes Care Management, medication administration; and taught and supervised staff on performance of skilled nursing procedures.

### **Neighborhood Nursing**

- A new site in the Morrene Road community was opened, but offices in McDougald Terrace and Cornwallis Road communities were closed by the Housing Authority due to renovations and re-allotment of space. Services continued to be offered in these neighborhoods.
- The project was successfully reviewed by the state supervisor for the Targeted Infant Mortality Reduction Grant (TIMR), and these funds continue to be used to support distribution of Folic Acid to improve preconceptional health of the women living within the project areas and other infant mortality reduction activities.
- The number of Postpartum/Newborn home visits made to households in the project communities increased although one of the nursing positions has been vacant for several months.

## **2007-2008 PERFORMANCE MEASURES**

Program: Child Health



### **Story behind the Health Check baseline:**

The Health Check participation ratio is based on the percentage of children who have Health Check (Medicaid) and who are due for a health screening in a given year and receive the screening. This ratio in Durham peaked in 2002, declined for several years (2002-2005). One explanation has been the diversion of Health Check Coordination time into Health Choice (Children's Health Insurance Plan) promotion. During this FY, coordinators' time was re-diverted into assisting with the transition of young children from Health Choice into Health Check. In 2006, there was a sharp increase in participation; this can be attributed to more dedicated time by Health Check Coordinators and improvements in coding and billing by providers.

### **Story behind the Child Service Coordination baseline:**

Each patient followed in CSC has a standard care plan which is individualized as needed. The care plan includes goals set with the family. The CSC project will measure % of achievement of those goals by reviewing each care plan on closure and determining if 75% of the goals were met. The baseline for this measure is being established this year, with the trend to be established over the next 3 years.

### **Strategies for Improving Program Performance**

- Continue community awareness activities regarding elevated blood lead and the Lead Nurse Consultation project, if funding continues from City of Durham
- Develop closer collaboration between Health Check and Lead Nurse to improve blood lead testing rates

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# PUBLIC HEALTH-ENVIRONMENTAL HEALTH

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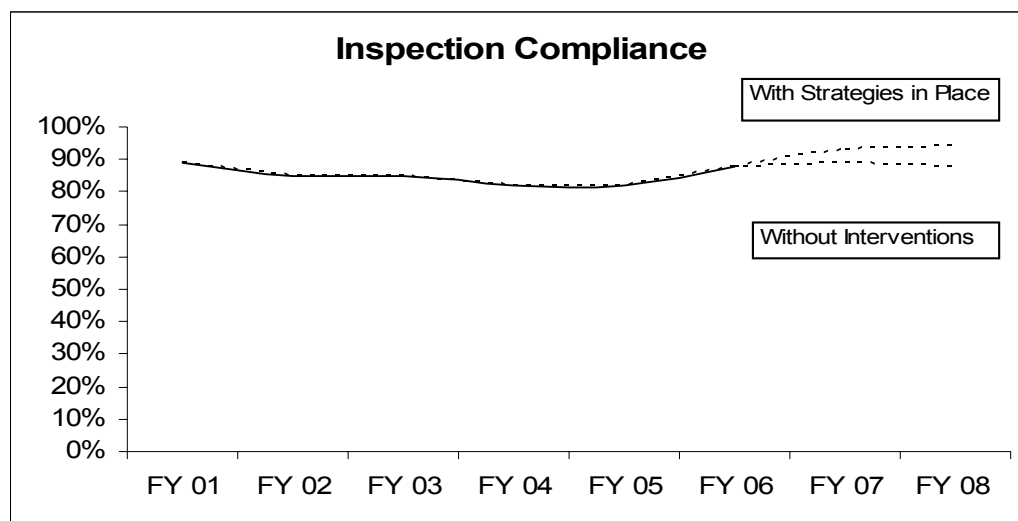
## ENVIRONMENTAL HEALTH

The General Inspections Section is responsible for the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions. Environmental investigations of childhood lead poisonings and the subsequent remediation of any lead hazards are also provided. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are supported by these efforts. The Water and Waste Section is responsible for the on-site sewage and private wells program that evaluates land to determine suitability for an on-site ground absorption sewage disposal (septic tanks) and/or private water supply well.

## 2006-2007 ACCOMPLISHMENTS

- Compliance for mandated inspections rose to 88 percent in FY06 and is at 94 percent for the first half of the FY07 year.
- Staffing is once again at 100%
- Two staff members have accompanied the Planning Department's zoning patrol on their Saturday night rounds as part of Environmental Health's efforts to develop a working relationship with Zoning Enforcement.
- Educational efforts have been emphasized. They include:
  - New Rules and Regulations for Child Day Cares were sent to all day cares in Durham that are inspected by the Environmental Health Division. The rules were effective in January 2006 and amended effective July 1, 2006. Also enclosed in the rule review packet was information about the procedure to have water tested for the presence of lead.
  - Revision of a handout titled "Procedural Guidelines and Requirements for Food Handling Facilities". The handout has been translated into Spanish and was made available to all of our food service clients, with an emphasis on establishments with Hispanic employees.
  - Continued ServSafe Classes for all food service employees
  - Provided weekly inspections reports to Herald-Sun, The News and Observer and WRAL-TV
- Completed Incident Command System Training for Public Health Preparedness effort

## 2007-2008 PERFORMANCE MEASURES



## Story behind the baseline

Inspection compliance increased to 88 percent for the 06 fiscal year and is at 94 percent for the first two quarters of the 07 fiscal year. The Environmental Health Division needs to maintain an experienced staff to maintain and continue to increase the level of inspection compliance. Registered Sanitarians require seven to nine months of basic training before being authorized to enforce laws and two to three years before they become relatively independent. Data for the 06 fiscal year reflects this fact. The staffing level in General Inspections was at 100% for the first two quarters of the 06 year and compliance rose to 95 percent. However, a vacancy, an employee on administrative leave and staff involvement on the lead in water issue in the last two quarters resulted in a compliance rate of 88 percent for the 06 fiscal year. As Durham's population grows, the number of establishments under inspection has also seen a steady increase. Most of these establishments are food service related but increases are also noted in lodging and daycare establishments. Between March 1, 2006 and February 19, 2007, 39 *new* (new building and location) establishments were permitted and currently 25 additional establishments are approved and under construction. Many existing establishments also elect to expand their seating capacity or menu selection which increases inspection requirements. Between March 1, 2006 and February 19, 2007, seven expansions were permitted and six more are currently under review by the Environmental Health's Plan Review Specialist.

Also to be considered are unfunded State mandates. For example, in FY06 approximately 40 before and after school daycares were added to our list of establishments requiring inspection. Previously, these businesses had no inspection requirement if they met certain criteria.

## Strategies for Improving Program Performance

- Increase budget to support retention of experienced personnel and the hiring of Environmental Health Specialists for inspection duties and other support and enforcement activities
- Continue the promotion of ServSafe and other food safety information
- Target facilities with low inspection scores for additional educational opportunities

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# MENTAL HEALTH (THE DURHAM CENTER)

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## Mission

The Durham Center is committed to helping individuals and families affected by mental illness, developmental disabilities, and substance abuse in achieving their full potential to live, work, and grow in their community.

We will provide leadership and will collaborate with others to assure a flexible, responsive and cost effective service system with priority assistance to Durham citizens who have limited service and/or financial options.

## PROGRAM DESCRIPTION

The Durham Center is the Local Management Entity (LME) for mental health, developmental disabilities, and substance abuse for the single county catchment area: Durham County. The Durham Center is governed by an Area Board, with all Board members appointed by the Durham Board of County Commissioners.

The Durham Center is responsible for ensuring that Durham County citizens who seek help receive the services and supports for which they are eligible to achieve their goals and to live as independently as possible. The Durham Center is also responsible for making sure Durham County citizens receive quality services and their individual rights are protected.

The Durham Center is responsible for managing finances, service authorizations, contracts with direct service providers, service quality, and regulatory standards, developing the service array and ensuring appropriate customer choice. It no longer directly provides mental health, developmental disabilities or substance abuse services.

The Durham Center contracts with more than 165 service providers in the area to provide mental health, developmental disabilities and substance abuse services to children and adults in Durham County. For those clients who do not speak English, we can provide a list of providers who speak languages other than English.

## 2006-2007 ACCOMPLISHMENTS

### *Overall*

- 44% increase in the number of individuals receiving substance abuse assessments within 48 hours starting in the 2nd half of FY 06-07 when two SA assessors were hired to provide assessment access for citizens not covered by Medicaid.
- Medications with a market value of \$40,925 were made available at little or no cost to Durham Consumers in the first 6 months of FY 06-07 through the newly developed Patient Assistance program.
- Over 100% increase, from 38 in the 1st half of FY 05-06 to 86 in the 1st half of FY 06-07, in consumers with mental illness, developmental disabilities, HIV/AIDS, and/or substance abuse who received financial assistance for housing through the Housing Independent Living Initiative.

### *Substance Abuse*

- Coalesced community resources and coordinated a wide range of Recovery Month activities, including extensive media penetration and a highly successful recovery celebration block party attended by over 300 community members.
- Placards promoting a variety of recovery messages placed in all 42 DATA buses in December.
- Series of recovery stories running in Durham Herald; 4-page full-color informational tabloid scheduled for distribution in April as part of Alcohol Awareness Month.
- Served as a coordinating sponsor of a large-scale public screening of the HBO ADDICTION documentary
- Comprehensive SOC model and Adult System of Care endorsed by SA Advisory Council in September 2006.
- Awarded the Substance Abuse Visionary of Excellence award in the LME category by the Alcohol and Drug Council of North Carolina for adaptation of System of Care model for substance abuse services.
- Provided 31.5 hours of free training in partnership with Duke University Medical Center applicable toward substance abuse certification or licensing:



# Mental Health (The Durham Center)

Fund: General

Functional Area: Human Services

Business Area: 5200

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$3,037,507	\$3,768,435	\$3,185,015	\$3,695,513	\$3,695,513
Operating	\$39,349,193	\$47,148,533	\$25,541,134	\$29,582,483	\$29,649,053
<b>Total Expenditures</b>	<b>\$42,386,700</b>	<b>\$50,916,968</b>	<b>\$28,726,149</b>	<b>\$33,277,996</b>	<b>\$33,344,566</b>
▽ <i>Revenues</i>					
Intergovernmental	\$14,363,476	\$16,811,416	\$15,837,513	\$15,848,023	\$25,398,023
Service Charges	\$21,029,302	\$26,505,000	\$5,416,594	\$9,400,000	\$50,000
Other Revenues	\$251,949	\$235,000	\$389,523	\$375,000	\$175,000
<b>Total Revenues</b>	<b>\$35,644,727</b>	<b>\$43,551,416</b>	<b>\$21,643,630</b>	<b>\$25,623,023</b>	<b>\$25,623,023</b>
<b>Net Expenditures</b>	<b>\$6,741,973</b>	<b>\$7,365,552</b>	<b>\$7,082,519</b>	<b>\$7,654,973</b>	<b>\$7,721,543</b>
FTEs	66.77	62.00	61.00	61.00	61.00

- A total of 143 professionals attended 7 trainings from October 2006 – February 2007 on topics such as preparing for substance abuse certification/licensing, causes of addiction, effective treatment for individuals with co-occurring mental health and substance use disorders.
- 60 professionals attended three trainings linking best practices in substance abuse services and System of Care provided in January, February, and March 2007.
- Nine teaching case conferences have been conducted from Nov. 2006–Feb. 2007.
- An estimated 12 credentialed/licensed substance abuse professionals (100% increase from six) are now working for Durham Center contracted agencies.
- Three trainings linking best practices in substance abuse services and System of Care provided in January, February, and March 2007.
- Provided 7 trainings from October 2006 – February 2007 (18 credit hours).
- An estimated 12 credentialed/licensed substance abuse professionals (100% increase from six) are working for Durham Center contracted agencies.
- Nine teaching case conferences have been conducted from Nov. 2006–Feb. 2007 (13.5 credit hours).
- Initiated timely substance abuse assessments at Durham Center Access. Two assessors provide same-day access to assessment for citizens with substance use disorders who are not covered by Medicaid; any community agency or individual can refer consumers for assessment.
- 189 individuals were referred for assessment in the period October 2006–January 2007.
- 69% of individuals referred kept their appointments and received assessments and referrals. This compares with 25% who received an assessment after being referred to a provider in first quarter of FY 06-07, before the assessors were hired.

## Adult Mental Health

- Over thirty representatives from a broad base of adult service agencies and providers as well as university and County leadership, are meeting monthly at the invitation of The Durham Center Area Director, Ellen Holliman and Sammy Haithcock, Director of Durham County Division of Social Services, to collaborate regarding the development of an Adult System of Care in Durham.
- Integrated Dual-Disorder Treatment is a team approach to meet the needs of individuals with very significant substance abuse and mental illness needs. This team, offered by ASAP, currently supports 57 individuals and has reduced hospitalization, crisis, and law enforcement involvement of those involved.
- Assertive Community Treatment is a comprehensive, multidisciplinary team approach for those with Severe Mental Illness requiring significant support in the community. The Durham Center offers two teams provided by Telecare and ASAP offering services to 166 individuals. ACT is effective in reducing hospitalizations and the need for crisis services.

- Illness Management and Recovery seeks to empower consumers to set life goals and successfully manage their illness and recovery process. Triumph and ASAP currently offer this service to 29 individuals.
- Awarded \$190,000 to organizations qualified to develop new Supportive Housing units in Durham County for individuals with specific disabilities or illnesses.
- The Housing Independent Living Initiative increased the number of consumers with mental illness, developmental disabilities, HIV/AIDS, and/or substance abuse who received financial assistance for housing from 38 in the first half of FY 05-06 to 86 in the first half of FY 06-07 (an increase of 126%).
- Became a pilot site for the federal SOAR project to improve access to mainstream benefits (SSI/SSDI) for people experiencing chronic homelessness. 30 providers received intensive 2-day training on SOAR procedures for outreach to the homeless and access to these benefits.
- Divested The Durham Center's pharmacy services through a contract with Gurley's Pharmacy.
- Provider psychiatrists developed a comprehensive formulary of generic medications for Gurley's Pharmacy to dispense to consumers. The cost of Gurley's services was \$12,446 for six months
- Expanded assistance to providers and consumers by hiring a Sample/Patient Assistance Coordinator to help providers obtain and manage sample medications and help consumers gain access to pharmaceutical companies' Patient Assistance programs.
- Medications with a market value of \$40,925 were made available at little or no cost to consumers through Patient Assistance programs.

#### *Child Mental Health*

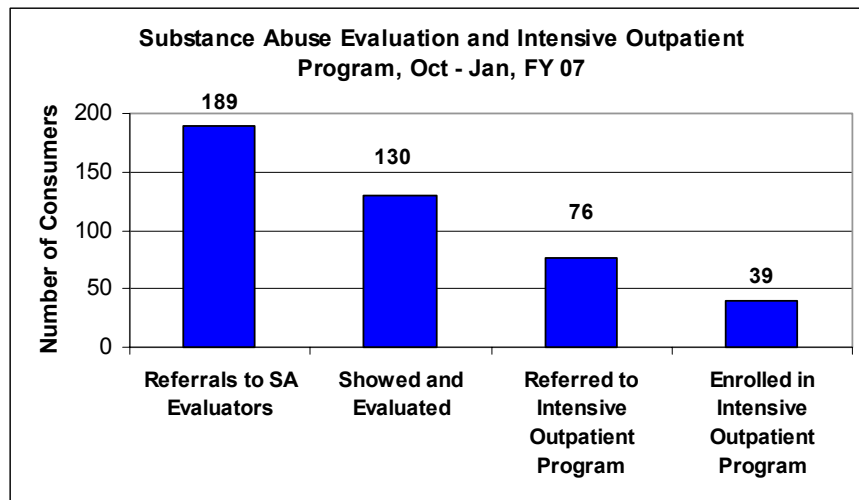
- Over 200 children have been served through the interagency support team initiative. The Durham Center collaborated with Durham Public Schools, Public Health, and Social Services to implement the Child and Family Support Team (CFST) grant in seven schools in Durham. This initiative provides interagency teams to support at-risk students and their families to prevent school failure and out-of-home placement.
- 166 child and family team plans were reviewed by the Child/Adolescent Care Review team thus far in FY 07. The Durham Center is working with the Durham's (Gang) Intervention Team Steering Committee both to share the Care Review lessons learned (re: effective process) and to link Care Review youth who meet the criteria to Intervention Team efforts.
- The Durham Center and Durham's Partnership for Children (DPFC) co-hosted a *Community Forum on Mental Health and Developmental Disability Services for Young Children with Special Needs* in September to identify services and resources for the 0-5 child population for inclusion in a draft survey report commissioned by DPFC. As a follow-up to the Forum, TDC and DPFC have established the Young Children's Mental Health Task Group with a number of other community partners to look at ways to increase service and access for a population that is currently under-identified and underserved.
- Implementation of a new Collaborative workgroup named Linking to Adult Services. The expected outcome is to increase the number of youth who transition smoothly from child to adult services through the development of best-practice protocols to obtain education, housing, guardianship and benefits.

#### *Developmental Disabilities*

- Through the efforts to closely monitor providers in effectively yet efficiently providing Developmental Therapy Services, our state allocation for this service increased from \$400,454.00 to \$653,273.00.
- 42 Community Alternative Program (CAP) providers currently have received Medicaid endorsement/Memorandums of Agreement (MOAs) by The Durham Center.
- Through an RFP process, added two supported employment providers.
- Allocated an additional \$80,000 to increase Supported Employment activity.
- Through our contract agencies, provided community employment opportunities to sixty individuals.
- 744 consumers with developmental disabilities were served from July-December 2006 - 486 adults and 258 children.

## 2007-2008 PERFORMANCE MEASURES

**Performance Measure:** Increase the number of consumers achieving positive life outcomes



### Story Behind the Last Two Years of Performance

In Spring of 2006, the Durham Center and its community partners created a long-term plan to address substance abuse and improve services in the Durham Community. Prior to the creation of the plan, consumers with substance use disorders were referred to services that did not match their need nor delivered in a manner that reflected recent research on effective treatment principles. Consequently, few consumers engaged in the services (only 25% showed for their appointments with service providers). Of those that participated, limited data was tracked to show the outcomes of the treatment.

The Substance Abuse Plan outlined five major goals: reduce the stigma of substance abuse treatment, create a System of Care framework (based on the award-winning model) for the delivery of services, recruit and retain qualified professional workforce to provide services, develop sustainable providers of high-quality services, and expand array of services. The key to implementing the strategies in the plan is to base decisions on best available data. In October of 2007, The Durham Center hired two qualified professionals to conduct evaluations of EVERY individual, without Medicaid, who presents for substance abuse treatment. As shown in the chart above, the availability and skills of the evaluators has reversed the trend of low numbers of consumers showing for appointments. In addition to high-quality assessments, the Durham Center created an intensive outpatient program that immediately engages consumers with moderate to severe addiction in treatment that highlights their strengths, engages natural supports, and comprehensively addresses all of their needs (including housing, family therapy, child care, economic support, etc).

### Strategies: What do you propose to do to improve program performance?

- Improve participation in IOP through innovative strategies (i.e. incentives, family engagement, etc) and contract with national expert from Duke University to provide clinical supervision of staff
- Develop another IOP for consumers with co-occurring mental health and substance use disorders
- Re-design all substance abuse services to reflect best practices and incorporate “Stages of Change” model
- Create more services for adolescents in order to prevent life-long dependence on substances
- Develop and train teams of professionals in other fields, parents, and community leaders who come into contact with individuals with substance use disorders to identify signs of use and engage individuals in treatment
- Link prevention, early intervention, and treatment to create a full continuum of services

## Performance Measure: Reduce State Hospital Bed Day Usage

State Hospital Bed Day Utilization, 1st and 2nd Quarters, FY 06-07				
Type of Hospital Bed	State Allocation per Quarter	% Used, 1st Quarter	% Used, 2nd Quarter	% Used, 6 Months
All Psychiatric Beds	4191	72%	78%	73%
Adult Psychiatric	3406	77%	84%	80%
Child/Adolescent Psychiatric	786	52%	51%	52%
ADATC (Substance Abuse)	510	8%	32%	20%

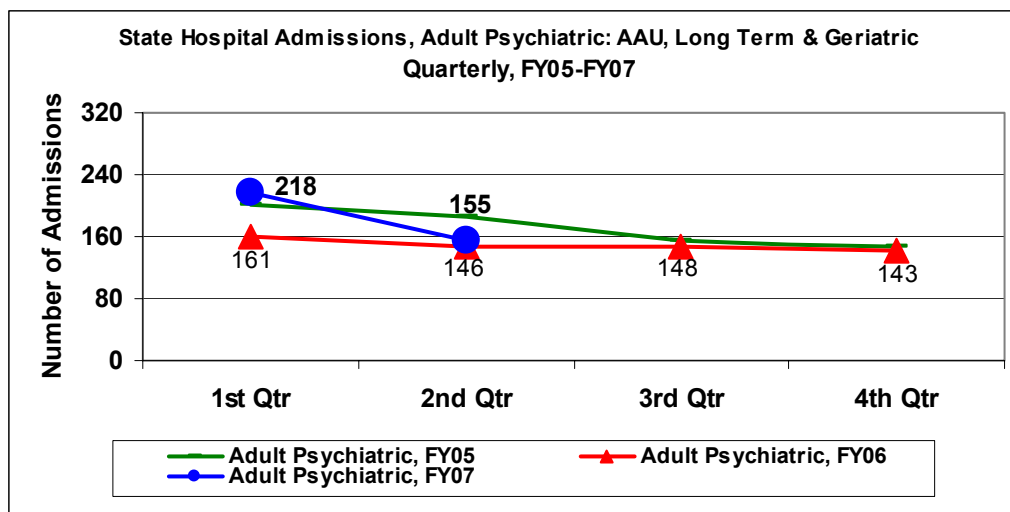
### Story Behind the Last Two Years of Performance

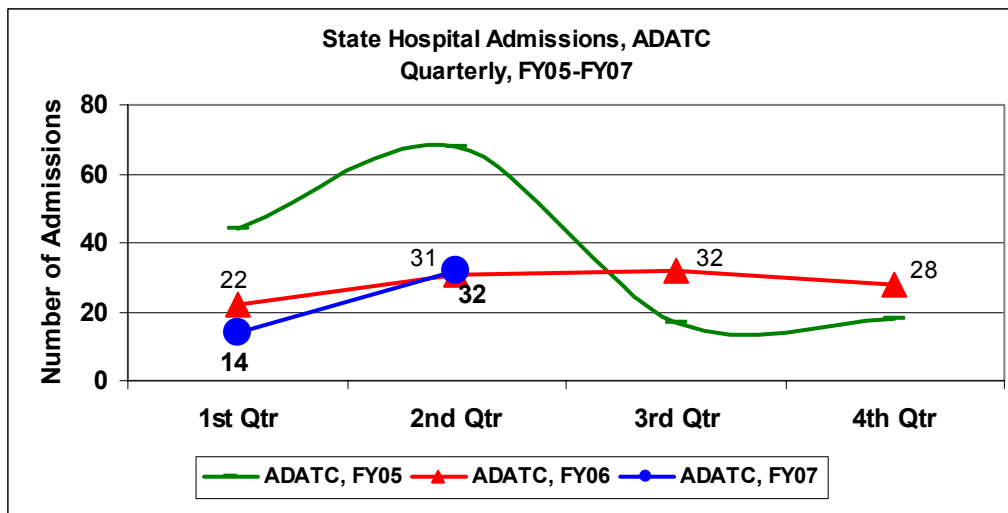
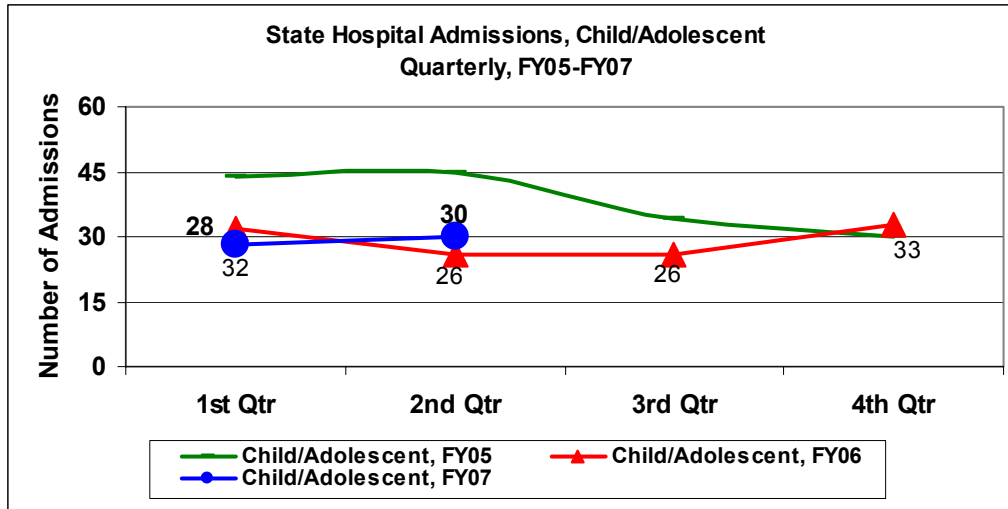
- Durham's utilization of state psychiatric hospital bed days remained under the number allocated by the State during the first six months of FY 06-07. Overall, 73% of the psychiatric bed days allocated for the period were used.
- Children and adolescents used 52% of allocated bed days.
- Adults used 80%, driven in part by over-utilization of the 3 Geriatric Unit beds allocated to Durham.
- Geriatric consumers have complex medical and psychiatric needs, making community placements hard to find, this increasing hospital utilization.
- Only 20% of the beds allocated for substance abuse in the ADATC unit were used.

### Strategies: What do you propose to do to improve program performance?

- We are continuing to work with providers to ensure that consumers have good crisis plans to work on diverting individuals from the State hospital
- The Durham Center works closely with the state hospital to develop specialized community plans for individuals that have complex situations to shorten length of stay.
- We have developed two diversion sites in the community, Holly Hill and Duke Hospital to be utilized for individuals that need a short hospital stay.
- We are working closely with the Geriatric Specialty Team to identify community resources for geriatric consumers and to provide training to agencies and residential facilities that serve these consumers.

## Performance Measure: Stabilize Hospital Admissions





#### Story Behind the Last Two Years of Performance

- The majority of requests for hospital authorizations came from area hospitals (69%) while 31% came from community petitions.
- Of those coming from community petitions, Durham Center Access successfully diverted 76% of consumers from John Umstead Hospital, meaning the consumer was stabilized during their stay at Durham Center Access and their status changed to voluntary.
- An ongoing issue has been that consumers self-refer to local emergency rooms. Emergency room staff then send these individuals directly to John Umstead rather than having them first evaluated at Durham Center Access.

#### Strategies: What do you propose to do to improve program performance?

- We are continuing to work with providers to ensure that consumers have good crisis plans to work on diverting individuals from the State hospital.
- We have developed two diversion sites in the community, Holly Hill and Duke Hospital to be utilized for individuals that need a short hospital stay.
- We are working with the Durham Police Department to ensure that they are transporting individuals to Durham Center Access rather than to Duke Hospital.
- We are working towards developing Durham Center Access into a locked 16 bed facility, thus, allowing individuals that would have typically been taken to Duke an alternative place to be served. We anticipate this will significantly reduce admissions to the state hospital.

- We are working to develop a best practice model of service delivery in the area of substance abuse as funding allows. As this continuum is built, we anticipate a reduction in hospital admissions.
- The Durham Center has continued to build our continuum of crisis services and supports and though significant progress has been realized, there are additional gaps that have been identified through our crisis planning process. These include mobile crisis management, short term respite for adults, additional transitional living beds, and intensive home-based crisis intervention for children. At this time there is not any funding for these services, but the Durham Center is dedicated to continuing to seek additional money to add these identified resources to our crisis continuum.

## **2007-2008 HIGHLIGHTS**

- \$260,924 supports the hiring of a System of Care Adult Specialist (\$50,000) and the development of an Intensive Outpatient Treatment Program for individuals dually diagnosed and homeless (\$210,924).
- The System of Care (Children) increases by \$66,623 to a total of \$294,623.
- Overall, the County Share increases of \$355,991 over FY2007 Approved
- Medicaid revenue has been reclassified from revenue category type "Service Charges" to "Intergovernmental"

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# SOCIAL SERVICES

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## MISSION

- Created by the North Carolina General Assembly and sustained with public funds, the Durham County Department of Social Services' vision is a community where families achieve well-being. The Department's mission is "Partnering with families and communities in achieving well-being through prosperity, permanence, safety and support." The Department operates with a Core Values Statement:
- The staff of the Durham County Department Of Social Services makes this commitment to individuals, families, our community and ourselves:
- We will show RESPECT by recognizing the importance of each individual, treating everyone with kindness, dignity and compassion.
- We will demonstrate INTEGRITY by being honest, dependable, trustworthy, responsible and accountable for performance and results.
- We will cultivate PARTNERSHIP as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.



# Social Services

Fund: General

Functional Area: Human Services

Business Area: 5300

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$21,180,217	\$23,603,070	\$22,503,153	\$24,589,658	\$24,447,484
Operating	\$263,129,879	\$296,019,602	\$297,601,235	\$344,753,712	\$334,962,957
Capital	\$5,291	\$192,000	\$202,800	\$184,300	\$184,300
<b>Total Expenditures</b>	<b>\$284,315,387</b>	<b>\$319,814,672</b>	<b>\$320,307,188</b>	<b>\$369,527,670</b>	<b>\$359,594,741</b>
▽ <i>Revenues</i>					
Intergovernmental	\$257,757,671	\$289,379,480	\$292,820,148	\$336,436,014	\$328,034,239
Contrib. & Donations	\$440,255	\$1,760,648	\$1,452,069	\$915,072	\$907,829
Service Charges	\$137,501	\$212,512	\$162,382	\$235,833	\$235,833
<b>Total Revenues</b>	<b>\$258,335,427</b>	<b>\$291,352,640</b>	<b>\$294,434,599</b>	<b>\$337,586,919</b>	<b>\$329,177,901</b>
<b>Net Expenditures</b>	<b>\$25,979,960</b>	<b>\$28,462,032</b>	<b>\$25,872,589</b>	<b>\$31,940,751</b>	<b>\$30,416,840</b>
FTEs	458.30	468.55	468.55	473.55	470.55

## 2007-2008 HIGHLIGHTS

- 1 new Social Worker II position (funded with Casey grant)
- Implement a Kinship Care Program with funding for 1 new Social Worker III Kinship Care Coordinator position, program administrative costs and direct resources to support families taking care of relatives' children for a total cost to the County of \$55,564. The Kinship Care Program can be a cost effective alternative to foster care. The program also preserves the family unit, is less traumatic for the youth and families will have a dedicated social worker to coordinate kinship support services. It is estimated that this program will prevent 40 youth from not having to enter foster care in the coming year.
- Additional travel and training for staff
- Imaging/records management project (\$184,300 – IM Plan Phase II/DACCA universal application-\$15,000; DACCA Electronic Attendance Sheets-\$9,300; Family & Children Medicaid-\$150,000; and automated Foster Care payment process-\$10,000)
- System of Care for Adults \$50,000

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# SOCIAL SERVICES-ADMINISTRATION

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## MISSION

Created by the North Carolina General Assembly and sustained with public funds, the Durham County Department of Social Services' vision is a community where families achieve well-being. The Department's mission is "Partnering with families and communities in achieving well-being through prosperity, permanence, safety and support." The Department operates with a Core Values Statement:

The staff of the Durham County Department of Social Services makes this commitment to individuals, families, our community and ourselves:

- We will show **RESPECT** by recognizing the importance of each individual, treating everyone with kindness, dignity and compassion.
- We will demonstrate **INTEGRITY** by being honest, dependable, trustworthy, responsible and accountable for performance and results.
- We will cultivate **PARTNERSHIP** as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.

## PROGRAM DESCRIPTION

This cost center is linked to the activities of the Accountability Division and the Communication, Development and Customer Information Division. The Divisions support the Department's direct services staff who carry out the Department's mission. Key components of the Accountability Division include Accounting, Budget Preparation, Computer Support, Facility Support/Risk Management, Planning and Evaluation. The Communication, Development, and Customer Information Division manages internal and external communications, Staff Training & Organizational Development, the Customer Information Center, and Information Management Plan.

## 2006-2007 ACCOMPLISHMENTS

Successfully reorganized the Customer Access and Program Support Division into the Accountability Division and Communication, Development and Customer Information Division

### Accountability Division

- Completed Design Phase for the new Human Services Complex, and commenced Construction document phase.
- Provided effective contract management for more than seventy (70) contracts, ensuring fiscal and performance accountability.
- Cleared all outstanding audits with no audit exceptions.
- Maximized resources effectively, leaving very little money unspent from non-county sources.

### Communication, Development and Customer Information Division

- Initiated the DSS Partnership Series offering staff and community partners a periodic opportunity (March, April, May, September, October) to learn together the services DSS provides
- 3 staff became received their certification for North Carolina Certified Training Specialist
- Phase 2 of Document Management project underway to automate the Food Assistance Eligibility process
- Staff members have scanned more than 25,000 records and 20 5-drawer file cabinets have been removed from the warehouse. In addition, over 75,000 records have been shipped off-site to Iron Mountain. We are working toward our goal of having fully electronic case records by the time we move into the Human Services Complex in 2011.
- Published a monthly newsletter providing information on agency events, programs, and special initiatives.
- Successfully converted phone switchboard from T-Metrics to CISCO and expanded # of calls per line from 8 to 12.
- In April, will receive an Outstanding County Award from the NC Association of County Commissioners for our Latino Ombudsman Program.

# Social Services-Administration

Fund: General

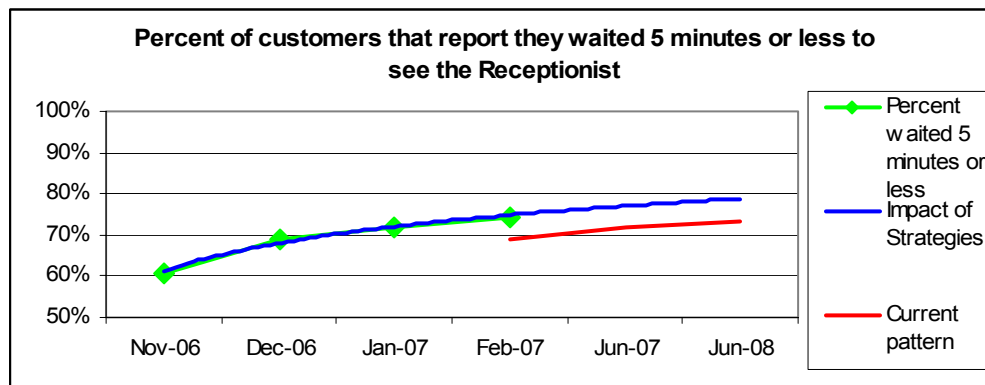
Functional Area: Human Services

Funds Center: 5300641000

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$2,181,564	\$2,343,949	\$2,402,570	\$2,441,708	\$2,441,708
Operating	\$2,422,188	\$2,147,924	\$2,537,657	\$2,530,586	\$2,474,227
Capital	\$5,291	\$192,000	\$202,800	\$184,300	\$184,300
<b>Total Expenditures</b>	<b>\$4,609,043</b>	<b>\$4,683,873</b>	<b>\$5,143,027</b>	<b>\$5,156,594</b>	<b>\$5,100,235</b>
▽ <i>Revenues</i>					
Intergovernmental	\$166,945	\$166,945	\$166,945	\$166,945	\$166,945
Contrib. & Donations	\$0	\$401,343	\$0	\$134,833	\$127,590
<b>Total Revenues</b>	<b>\$166,945</b>	<b>\$568,288</b>	<b>\$166,945</b>	<b>\$301,778</b>	<b>\$294,535</b>
<b>Net Expenditures</b>	<b>\$4,442,098</b>	<b>\$4,115,585</b>	<b>\$4,976,082</b>	<b>\$4,854,816</b>	<b>\$4,805,700</b>
FTEs	43.00	45.00	47.00	47.00	47.00

## 2007-2008 PERFORMANCE MEASURES

**Performance Measure:** Length of time customers wait to see the receptionist



**Performance Measure:** Customers report they are treated respectfully and courteously

	Mar 2000	Sep 2000	Nov 2002	Dec 2003	Jan 2007
Receptionists were friendly and courteous (2000-02)	92%	83%	69%	85%	97%
Receptionists were polite and respectful (2003)					
Receptionists treated me with courtesy and respect (2007)					
Case worker were friendly and courteous (2000-03)				Not Asked	
Case worker treated me with courtesy and respect (2007)	86%	79%	70%	Not Asked	85%

Beginning in Nov 2006, DSS offers each walk-in customer the opportunity to complete a customer survey card. Questions on the customer survey card include

- the length of time it took for them to speak to the receptionist
- Did the receptionist treat the customer respectfully and courteously
- Did the case worker treat the customer respectfully and courteously

This turnaround is due to a few key factors:

1. **Re-engineered work processes** - creation of a "back office" to provide a confidential setting for sharing demographic information about families and to initiate the application process for Food Stamps and Medicaid has allowed the lines at the windows to move faster – they simply meet, greet and notify workers in the back office or in the programs based on

the situation. We've also begun using desktop scanners to image common documents such as driver's licenses, birth certificates and social security cards. This is much faster than walking back and forth to a copy machine, plus it saves paper.

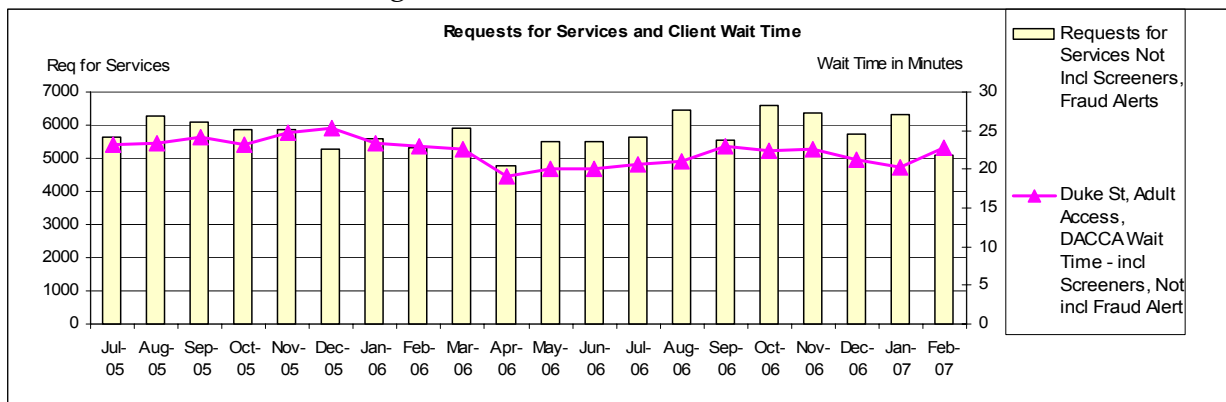
**2. Focus on customer service.** We have developed clear expectations and measures for customer service excellence that are included in all staff work plans.

**3. Hiring.** We've made it standard practice to hire temps for vacant front line Reception positions, so that we are never under-staffed in Reception, Back Office, Call Center or Document Processing Center functions. We've also made it a high priority to hire bilingual receptionists and have been able to maintain that staffing with temps.

### Strategies to improve performance

- Fully implement back office
- Increase staff at Reception from 2 to 4
- Distribute daily Customer Survey Cards
- Inclusion of customer wait time standards in individual work plans
- Fill vacant positions with temporaries so we don't lose customer service quality or increase wait times

### Performance Measure: Length of time customers wait to see their case worker



The average wait time to see the case worker or to begin a Food Stamps and Medicaid application is 20-25 minutes. In July 2003, the wait time was 60+ minutes. The wait time was decreased by:

- Implementing in Fall 2003 an appointment and pre-screening process for applicants for financial assistance for emergency rent, utility, travel, food and medical assistance.
- Adding a "back office" to initiate the application process for Food Stamps and Medicaid which has allowed the lines at the windows to move faster – they simply meet, greet and notify workers in the back office or in the programs based on the situation.
- Focusing on customer service. We have developed clear expectations and measures for the length of time a customer should have to wait that are included in all staff work plans.

### Strategies to improve performance

- Fully implement back office
- Distribute daily Customer Survey Cards
- Inclusion of customer wait time standards in individual work plans
- Fill vacant positions with temporaries so we don't lose customer service quality or increase wait times

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# SOCIAL SERVICES - SERVICES

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## PROGRAM DESCRIPTION

These programs provide for the protection of abused and neglected children and adults, the provision of services to prevent unnecessary out-of-home placements of disabled and elderly residents, Work First support services, community social work services, and child day care subsidy.

Services/programs assigned to this unit are:

**Adult Social Work Services** - provides services that allow disabled and elderly adults to remain in their own homes; protection of adults from abuse, neglect, exploitation; in-home supportive services; and supervision of adult care homes and facilities.

**Child Protective Services** - receives, screens, and investigates reports of abuse, neglect, dependency of children from birth to 18; provides case management services to families with substantiation of abuse, neglect, dependency; and makes safe, alternative placements for children who cannot remain safely in their own home.

**Durham's Alliance for Child Care Access (DACCA)** - is a unified child care subsidy system providing child care scholarships, information and referral and access to Smart Start transportation. The project is governed by a Leadership Team consisting of Directors from the partner agencies: Durham County DSS, Child Care Services Association, Operation Breakthrough and Durham's Partnership for Children. This service provides families subsidized child care and assistance with locating quality services. The program also provides training and technical assistance to child care providers.

**Work First Employment Support Services** - This program provides services, which enables families to gain economic self-sufficiency by helping them find and retain employment.

**Family Crisis and Adult ACCESS Services** - This service focuses on assisting families and elderly and disabled adults with counseling, information and referral, and temporary financial assistance to cope with crisis situations related to health, loss of employment, housing, and energy problems.

**Community Initiatives** - Community Initiatives partners with agencies including Duke Hospital and Durham Public Schools to provide social work services in the community.

## 2006-2007 ACCOMPLISHMENTS

### Adult Social Work Services

- Taking a leadership role in developing a System of Care for Adults and strategically planning for services for the projected growth in the aging population
- Developed a web site on adult care homes in Durham County, projected go-live date is May 1, 2007
- Increased # of adults that remain in the community through in-home services

### Child Protective Services

- The repeat maltreatment rate is far below the maximum rate set by the federal government (2.1% vs. 6.1%)

### Durham's Alliance for Child Care Access (DACCA)

- 95% of children age 0-5 are placed in child care facilities 3, 4, or 5 star ratings; the average star rating is 3.56
- DACCA and Partners will be moving to a new building on Briggs Avenue in May, 2007

### Work First Employment Support Services

- Exceeded state goals for adults entering employment (239 vs. 100),
- Remaining off Work First for 12 months after leaving for employment (95% vs. 90%)
- Won a \$200,000 demonstration grant geared towards developing innovative efforts to increase participation rate and employment.

### Family Crisis and Adult ACCESS Services

- Replaced Food Bags with electronic Food Cards

### Community Initiatives

- Share Your Christmas program in partnership with The Herald Sun and The Volunteer Center of Durham provided gifts, toys, and food to 1400 families and 4000 individuals.

# Social Services-Services

Fund: General

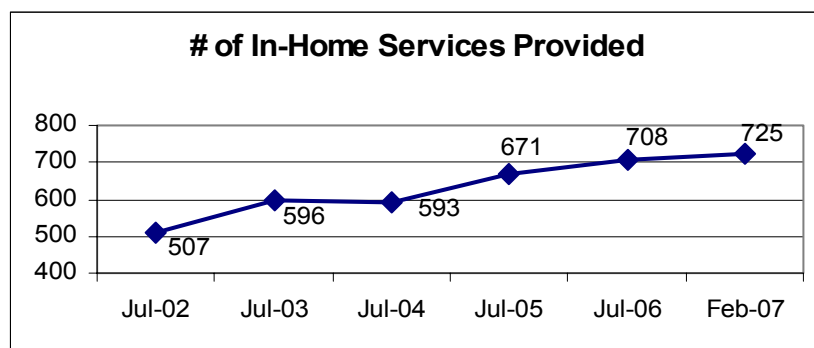
Functional Area: Human Services

Funds Center: 5300642000

Summary	2006-2007 Original Budget	2005-2006 Actual Expenditures	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$13,212,689	\$11,699,823	\$12,529,102	\$13,936,643	\$13,791,084
Operating	\$20,782,661	\$20,971,545	\$22,951,369	\$22,875,806	\$22,602,124
<b>Total Expenditures</b>	<b>\$33,995,350</b>	<b>\$32,671,368</b>	<b>\$35,480,471</b>	<b>\$36,812,449</b>	<b>\$36,393,208</b>
▽ <i>Revenues</i>					
Intergovernmental	\$26,535,841	\$27,283,958	\$29,275,420	\$29,952,888	\$29,952,888
Contrib. & Donations	\$1,359,305	\$440,255	\$1,452,069	\$780,239	\$780,239
Service Charges	\$2,000	\$800	\$2,000	\$2,000	\$2,000
<b>Total Revenues</b>	<b>\$27,897,146</b>	<b>\$27,725,013</b>	<b>\$30,729,489</b>	<b>\$30,735,127</b>	<b>\$30,735,127</b>
<b>Net Expenditures</b>	<b>\$6,098,204</b>	<b>\$4,946,355</b>	<b>\$4,750,982</b>	<b>\$6,077,322</b>	<b>\$5,658,081</b>
FTEs	214.75	238.00	249.00	253.00	250.00

## 2007-2008 PEFFORMANCE MEASURES

Performance Measure: # of In-Home Services Provided



### Story behind the Last Two Years of Performance:

- Since FY 04, Durham County has received an increase in Community Alternative Program (CAP), SA In-Home Demo and Adult Day Care availability.
- Received increased funding for in-home services

### Strategies to improve performance

- Participate in planning to meet the needs of the growing aging population.
- Play a leadership role in developing an Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.

**Performance Measure:** Adults who have been abused, neglected or exploited accept services to prevent a reoccurrence of maltreatment

	Referrals received	Evaluations Initiated	Substantiations	Substantiated persons accept services
FY 04	290	164	38	37
FY 05	342	147	35	34
FY 06	273	114	24	23
FY 07 (projected)	299	126	33	27

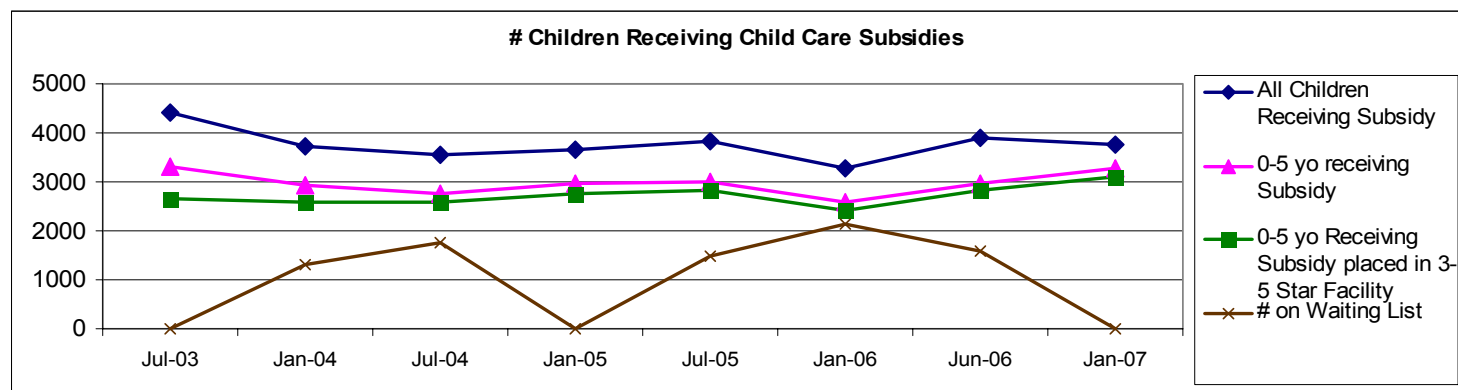
#### Story behind the Last Two Years of Performance:

- Increased proportion of reports involving self neglect and disabled adults with mental health needs.

#### Strategies to improve performance

- Play a leadership role in developing an Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.

Review Period	Repeat CPS Maltreatment Rate
Oct 2001 - Sep 2002	12.60% (Goal: < 6.1%)
Oct 2004 - Sep 2005	2.47% (Goal: < 6.1%)
Oct 2005 - Sep 2006	1.89% (Goal: < 6.1%)
Jan 2006 - Dec 2006	2.11% (Goal: < 6.1%)





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# SOCIAL SERVICES-PUBLIC ASSISTANCE

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## PROGRAM DESCRIPTION

These programs provide entitlement benefits for health access and nutrition services, Foster Care and Adoption Payments as well as cash assistance through Work First. The programs are:

**Food Assistance** -This program provides nutrition assistance to eligible families and individuals through an electronic benefit card.

**Medicaid and Health Choice for Children**- This program provides health insurance to eligible families and individuals.

**Work First Family Assistance**- This program provides Work First cash assistance to families to meet their basic needs of food, shelter and medical assistance.

**Child Placement and Support Services** - This provides a continuum of residential and treatment services to children and youth who are placed in agency custody by the court; includes foster care and adoption services.

## 2006-2007 ACCOMPLISHMENTS

### Food Assistance

- Exceeded state goals for processing non-emergency applications within 30 days (99% vs. 97%) and processing applications accurately (95% vs. 94%).
- Managed continued caseload increases in Food Assistance

### Medicaid and Health Choice for Children

- Exceeded state goals for processing applications timely (98% vs. 90%)
- Managed continued caseload increases in Medicaid

### Work First Family Assistance

- With community partners, developed a Work First Plan for 2007-09
- Exceeded state goals for adults entering employment (239 vs. 100), remaining off Work First for 12 month after leaving for employment (95% vs. 90%)

### Child Placement and Support Services

- Received the NC Association of County Directors of Social Services *Best Practice Award for Innovations in Services to Customers* for Teen MAPP: Focusing on Fostering/ Adopting Teens
- With The Durham Center and Department of Juvenile Justice and Dependency, won a National Association of County Award for Rapid Response Home Network
- For children who entered custody in FY 06, 99% of initial placements were in family settings, 94% were placed in family-like settings (through March 7, 2007)
- For all children who entered custody Jul 2006 – Feb 2007, 100% remained in their remain in their pre-placement school or child care center
- In FY 07, have achieved the highest # of foster care youth placed in adoptive homes in the past six years.

# Social Services-Public Assistance

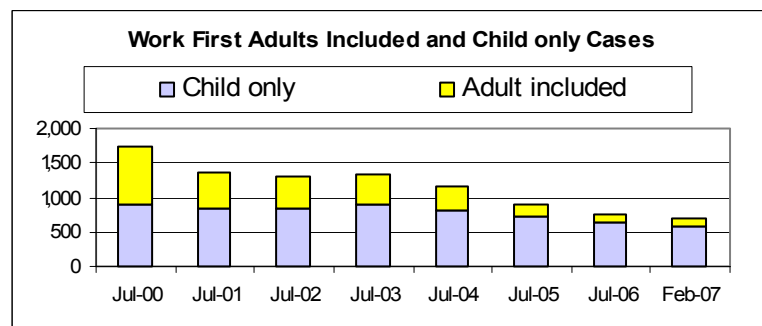
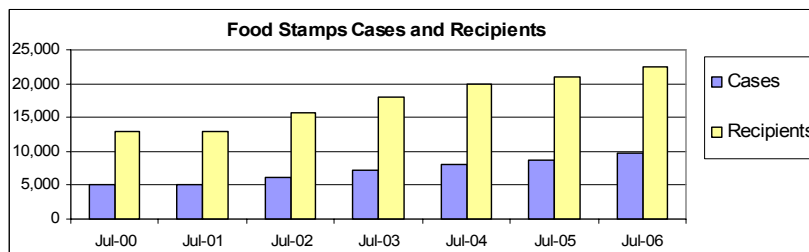
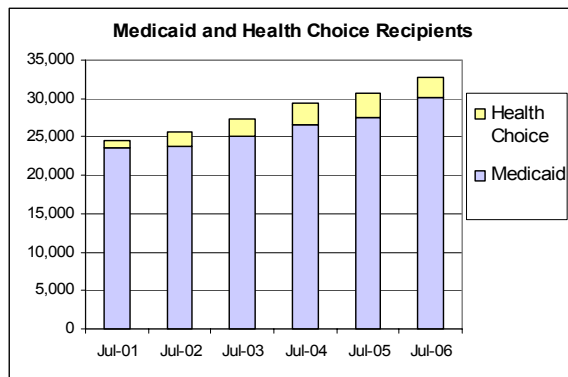
Fund: General

Functional Area: Human Services

Funds Center: 5300643000

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$5,465,706	\$6,062,590	\$5,739,717	\$6,230,068	\$6,233,453
Operating	\$239,359,515	\$272,836,517	\$271,655,910	\$319,019,820	\$309,559,106
<b>Total Expenditures</b>	<b>\$244,825,220</b>	<b>\$278,899,107</b>	<b>\$277,395,627</b>	<b>\$325,249,888</b>	<b>\$315,792,559</b>
▽ <i>Revenues</i>					
Intergovernmental	\$227,740,129	\$260,145,031	\$260,968,621	\$303,685,674	\$295,283,899
Service Charges	\$131,716	\$210,512	\$154,612	\$233,833	\$233,833
<b>Total Revenues</b>	<b>\$227,871,845</b>	<b>\$260,355,543</b>	<b>\$261,123,233</b>	<b>\$303,919,507</b>	<b>\$295,517,732</b>
<b>Net Expenditures</b>	<b>\$16,953,376</b>	<b>\$18,543,564</b>	<b>\$16,272,394</b>	<b>\$21,330,381</b>	<b>\$20,274,827</b>
FTEs	137.80	145.80	132.80	133.80	133.80

## 2007-2008 PERFORMANCE MEASURES



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# SOCIAL SERVICES-WORKFORCE INVESTMENT ACT

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## PROGRAM DESCRIPTION

The Workforce Investment Act (WIA) programs are administered in conjunction with the Work First Program, but for budget purposes are in a separate org to manage the grant funding. The grant funding for this program was not awarded for FY07 and FY08. Revenue and expenditures will be budgeted in future fiscal years should WIA become available.

# Social Services-Workforce Investment Act

Fund: General

Functional Area: Human Services

Funds Center: 5300643600

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$62,717	\$0	\$0	\$0	\$0
Operating	\$130,241	\$0	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$192,958</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
▽ <i>Revenues</i>					
Intergovernmental	\$132,677	\$0	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$132,677</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Expenditures</b>	<b>\$60,280</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
FTEs	1.00	0.00	0.00	0.00	0.00

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# SOCIAL SERVICES-CHILD SUPPORT ENFORCEMENT

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## PROGRAM DESCRIPTION

This program ensures that non-custodial parents provide financial support for their children. This includes location of non-custodial parents, establishment of paternity and enforcement of legal child support obligations.

## 2006-2007 ACCOMPLISHMENTS

- Durham County child support collected a record \$15,334,107 for fiscal year 2005-2006, which exceeded the goal of \$15,212,597
- Established paternity for 96.5% of cases
- 81.7% of cases have a order for child support
- Collected 63.9% of collections owed
- Child Support staff has been trained to administer the buccal swab test, which is used to establish paternity
- Child Support, the Health Department and NC Cooperative Extension won a 5 year Healthy Marriage grant to implement Strong Couples-Strong Children (SCSC), to provide Low-Income Unwed Expectant or new parents with education about relationship building and new parenting skills.
- Instituted an electronic monitoring program for absent parents

# Social Services-Child Support Enforcement

Fund: General

Functional Area: Human Services

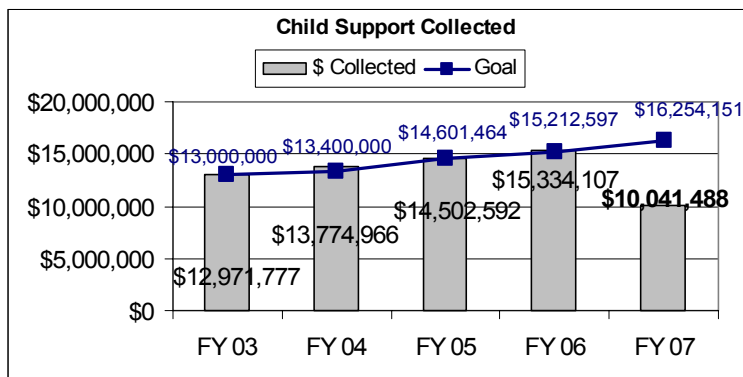
Funds Center: 5300644000

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$1,770,407	\$1,918,133	\$1,831,764	\$1,981,239	\$1,981,239
Operating	\$246,391	\$252,500	\$456,299	\$327,500	\$327,500
<b>Total Expenditures</b>	<b>\$2,016,798</b>	<b>\$2,170,633</b>	<b>\$2,288,063</b>	<b>\$2,308,739</b>	<b>\$2,308,739</b>
▽ <i>Revenues</i>					
Intergovernmental	\$2,433,962	\$2,531,663	\$2,409,162	\$2,630,507	\$2,630,507
Service Charges	\$4,985	\$0	\$5,770	\$0	\$0
<b>Total Revenues</b>	<b>\$2,438,947</b>	<b>\$2,531,663</b>	<b>\$2,414,932</b>	<b>\$2,630,507</b>	<b>\$2,630,507</b>
<b>Net Expenditures</b>	<b>(\$422,149)</b>	<b>(\$361,030)</b>	<b>(\$126,869)</b>	<b>(\$321,768)</b>	<b>(\$321,768)</b>
FTEs	39.75	39.75	39.75	39.75	39.75

## 2007-2008 PERFORMANCE MEASURES

Note: North Carolina State Child Support has embarked upon a 5 year Journey to Excellence Plan that includes set goals for each county. There are goal increases for Durham County in each incentive area built into this plan thru 2009.

The State has set increasingly aggressive performance goals for the next five years. The charts below show the performance in FY05, year-to-date in FY06 and growth needed between now and FY09.



	Paternity Estab Rate			Cases Under Order		Collection on Arrears		Collection Rate	
	Actual	Goal		Actual	Goal	Actual	Goal	Actual	Goal
FY 03	87.53%			71.80%		55.82%		58.1%	
FY 04	85.53%			70.40%		55.11%		59.5%	
FY 05	93.00%	89.80%		74.70%	75.20%	60.00%	59.70%	62.0%	61.5%
FY 06	96.50%	94.00%		81.70%	79.90%	60.30%	64.30%	63.9%	66.5%
FY 07		98.3%			84.7%		68.80%	64.6%	70.1%
FY 08		102.5%			89.5%		73.40%		73.6%
FY 09		106.8%			94.25%		78.00%		77.1%

### **Performance Measure: Total Collections**

- 2004-2005 goal was 14, 601,464, collected 14,502,592
- 2005-2006 goal \$15,212,597 collected \$15,334,105

### **Performance Measure: Percentage of Current Support Collected**

- 2004-2005 Goal 61.9%. Durham County completed the fiscal year at 62%. Factor that contributed to meeting the goal was no staff vacancies.
- 2005-2006 goal 66.50% Durham completed the fiscal year at 63.9%.

#### **Story behind the Last Two Years of Performance:**

To enhance program performance in this area the following initiatives were created or enhanced:

- Improved processes for contacting payors at the beginning of the order to determine barriers to paying support.
- Assisted in implementation of pre-trial day for those that have the ability to resolve the case before court.
- Partnered with the Criminal Justice Resource Center to institute the use of the Electronic Monitoring Program as an enforcement tool.
- Focused on timely completion of reports
- Implemented processes to call delinquent payors to request payments

#### **Strategies to improve performance**

- Partner with Employment Security Commission
- Partner with the Work First Program to send payors and/or potential payors to the training typically offered to TANF recipients.
- Enhance the Electronic Monitoring Process
- Plan and implement a Parent Focus Group and explore child support issues and barriers to paying child support in the Durham Community.

### **Performance Measure: Percentage of Cases Paternity is established**

#### **Story behind the Last Two Years of Performance:**

- In Fiscal Year 2004-2005 the Paternity Establishment Goal was 91.4%. Durham County exceeded the goal at 93%.
- Staff members focused on the Affidavits of Paternity signed at the hospital by the parents of children born out of wedlock, and used NCXPT Reports and work lists associated with timeliness.
- Developed a dialogue with the hospital staff that was charged with instructing the parents about the benefits of paternity.
- In Fiscal Year 2005-2006 the Paternity Establishment Goal was 94.0%. Durham County attained a rate of 96.5%.
- Exceeded the goal by completing genetic testing in the court room.
- Having the phlebotomist on-site was very helpful in assuring that the tests were completed at the point of request.
- Continued using reports and work lists associated with timeliness

#### **Strategies to improve performance**

- Conduct more group and individual interviews in person
- Contact clients and Non-custodial parents by telephone
- Increase the number of hospital personnel able to process the Affidavit of Parentage
- Inform more community partners of the benefits of early paternity establishment



## **Performance Measure: Percentage of cases that have a child support Order**

### **Story behind the Last Two Years of Performance:**

- In Fiscal Year 2004-2005 the Cases Under Order goal was 75.8%. Durham completed the Fiscal Year at 74.7%.
- Factors that contributed to not meeting the goal include, not enough attorney time to review and process documents, documents and follow-up of reports by staff not timely.
- In Fiscal Year 2004-2005 the Cases Under Order goal was 79.9%. Durham completed the Fiscal Year with 81.7%.
- Focused on contacting non-custodial parents, completing documents, work lists, and reports on timeliness.
- Staff members that were better prepared for hearings, acquiring a laptop hook-up in the courtroom, placing a copier in the court room, and training 15 staff members perform Buccal Swabs, which establish paternity.

### **Strategies to improve performance**

- Provide more training to staff members with regard to court processes
- Continue to train staff on the Buccal Swab test
- Continue staff processes that impact timeliness and effectiveness
- Advocate for increased access to court and county attorney time

## **Performance Measure: Percentage of Arrears Collected**

### **Story behind the Last Two Years of Performance:**

- 2004-2005 goal 60.3%. Completed fiscal year at 59.9%.
- 2005-2006 goal 64.3% completed the fiscal year at 60.3%.
- Program performance in this area has been inconsistent
- Projects to increase collection to payments in arrears by calling payors to request payments
- Special court day to request payments
- Completed a project to cleanup outstanding Orders for Arrest
- Collected payments toward arrears
- Court and office negotiations to collect arrears, Data Warehouse reports, and NCXPTR reports are completed monthly by staff.

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# HUMAN SERVICES NONPROFIT AGENCIES

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## MISSION

The mission of Durham County government is to enhance the quality of life for its citizens, by providing education, safety and security, health and human services, economic development, cultural and recreational resources.

## PROGRAM DESCRIPTION

Funding for nonprofit agencies is driven by the mission of the organization.

Included in this cost center are nonprofit organizations and other nongovernmental agencies whose work complements the efforts of the County's human service agencies and whose mission is the public welfare of the residents of Durham County. The following organizations are budgeted within this cost center:

- Alliance of AIDS Services-Carolina
- American Red Cross
- Child Advocacy Commission
- Child and Parent Support Services, Inc.
- Child Care Services Association
- Communities in Schools
- Coordinating Council for Senior Citizens
- Durham Companions
- Durham Council for Children with Special Needs
- Durham County Teen Court and Restitution
- Durham Crisis Response Center
- Durham Literacy Center
- El Centro Hispano
- Food Bank of Central & Eastern NC
- Genesis Home
- Inter-Faith Food Shuttle
- Meals on Wheels of Durham, Inc.
- Operation Breakthrough
- Piedmont Wildlife Center
- Planned Parenthood of Central North Carolina
- Project Graduation
- Salvation Army
- Senior PHARMAssist
- Triangle Radio Reading Service
- Urban Ministries of Durham

Detailed funding information on the nonprofit organizations is listed in the appendix.

# Nonprofits – Human Services

Fund: General

Functional Area: Human Services

Business Area: 5800

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$1,258,775	\$1,450,595	\$1,257,698	\$1,836,131	\$1,423,700
<b>Total Expenditures</b>	<b>\$1,258,775</b>	<b>\$1,450,595</b>	<b>\$1,257,698</b>	<b>\$1,836,131</b>	<b>\$1,423,700</b>
▽ <i>Revenues</i>					
Intergovernmental	\$399,784	\$547,019	\$207,186	\$550,000	\$547,019
<b>Total Revenues</b>	<b>\$399,784</b>	<b>\$547,019</b>	<b>\$207,186</b>	<b>\$550,000</b>	<b>\$547,019</b>
<b>Net Expenditures</b>	<b>\$858,991</b>	<b>\$903,576</b>	<b>\$1,050,512</b>	<b>\$1,286,131</b>	<b>\$876,681</b>
FTEs	0.00	0.00	0.00	0.00	0.00

\*\*The above budget also includes expenditures and revenues for the Juvenile Crime Prevention Council (JCPC) grant in the amount of \$547,019.

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# OTHER HUMAN SERVICES-COORDINATED TRANSPORTATION SYSTEM

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## MISSION

The Durham County Center of NC Cooperative Extension helps individuals, families and communities use research based knowledge and county resources to help improve the quality of their lives.

## PROGRAM DESCRIPTION

Extension is a cooperative effort of County Government, North Carolina State University, and the Federal government to provide educational programs that address local issues. Programs are delivered at the County Center as well as in the community.

Coordinated Transportation is funded by NCDOT and the Federal Department of Transportation to assist in assuring accessibility to transportation for citizens with special needs and citizens living outside the urban sections of our community. Human service agencies and non-profits use this funding to reduce transportation costs for citizens served. The staff in conjunction with the Transportation Advisory Board identifies needs, leverages resources and evaluates options for helping agencies and citizens meet their transportation needs.

## 2006-2007 ACCOMPLISHMENTS

- Collaborated with Council for Senior Citizens, United Way and other agencies to sponsor legislative Forum on Senior Transportation Issues.
- Provided services for employment, general public and human service passengers.
- Promoted options and collaboration for mobility services, responsive to the needs of all citizens in the community.
- Provided over 15,150 trips for Elderly and disabled passengers.

# Other Human Services-Coord. Transportation Systems

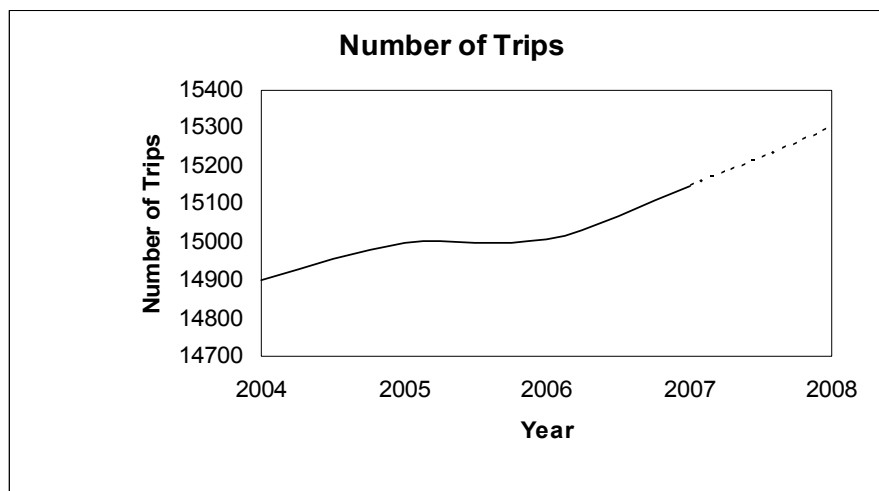
Fund: General

Functional Area: Human Services

Funds Center: 5800650000

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$90,336	\$94,367	\$95,254	\$97,422	\$97,422
Operating	\$123,009	\$140,500	\$188,297	\$153,000	\$153,000
Capital	\$66,140	\$66,082	\$111,929	\$68,200	\$68,200
<b>Total Expenditures</b>	<b>\$279,485</b>	<b>\$300,949</b>	<b>\$395,480</b>	<b>\$318,622</b>	<b>\$318,622</b>
▽ <i>Revenues</i>					
Intergovernmental	\$251,063	\$281,958	\$305,466	\$262,500	\$262,500
<b>Total Revenues</b>	<b>\$251,063</b>	<b>\$281,958</b>	<b>\$305,466</b>	<b>\$262,500</b>	<b>\$262,500</b>
<b>Net Expenditures</b>	<b>\$28,422</b>	<b>\$18,991</b>	<b>\$90,014</b>	<b>\$56,122</b>	<b>\$56,122</b>
FTEs	2.00	2.00	2.00	2.00	2.00

**Performance Measure:** Number of elderly and disabled citizens transported via Coordinated Transportation



## Story behind the Last 2 Years of Performance

- Slight increase in the number of citizens participating in the Elderly and Disabled funding transportation.
- Funding limits the growth capacity

## Strategies: What do you propose to do to improve performance?

- Continue collaborative efforts with human services agencies and non-profits to increase service efficiency.
- Completed Transportation Development study between Durham, Wake and Orange counties should provide strategies that will lead to more options for transportation services.

## 2007-2008 HIGHLIGHTS

- Budget allows Coordinated Transportation to function at current service levels.
- Budget contains \$68,200 for two new transportation vans that are 90% grant funded.

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# COURT ORDERED CHILD SERVICES

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## PROGRAM DESCRIPTION

In previous years this cost center has accounted for funding to provide for direct services to juveniles, as ordered by the Court. In May 2004, the Board of County Commissioners approved a request by the Durham Director's group for a System of Care Initiative. The request was for \$225,000 in funding to be budgeted in the Durham Center budget, which will serve as the fiscal agent for those funds to ensure appropriate contract selection, management and monitoring of services for the System of Care Initiative. Durham's system of care links education, juvenile justice, health, mental health, child welfare and other agencies and families together, further supporting their work to ensure that children and their families have access to the services and supports they need in order to succeed.

Additional funding of \$150,000 will remain in this cost center for other court ordered care needs.

## Court Ordered Child Services

**Fund:** General

**Functional Area:** Other Human Services

**Funds Center:** 5800680000

Summary	2005-2006 Actual Expenditures	2006-2007 Original Budget	2006-2007 12 Month Estimate	2007-2008 Department Requested	2007-2008 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$0	\$75,000	\$0	\$150,000	\$150,000
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$75,000</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$150,000</b>
▽ <i>Revenues</i>					
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Expenditures</b>	<b>\$0</b>	<b>\$75,000</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$150,000</b>
FTEs	0.00	0.00	0.00	0.00	0.00